

HEALTH AND ENVIRONMENTAL SCIENCES

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## Sub-Chapter 1

## General Provisions

16.28.101 DEFINITIONS Unless otherwise indicated, the following definitions apply throughout this chapter:

(1) "Blood and body fluid precautions" mean the following requirements to prevent spread of disease through contact with infective blood or body fluids:

(a) If soiling with blood or body fluids is likely, gowns must be used to cover clothes, worn only once, and laundered.

(b) Single-use gloves must be used if blood or body fluids, mucous membranes, or non-intact skin will be touched, items or surfaces soiled with blood or body fluids handled, and for performing vascular access procedures other than venipuncture; the gloves must be changed before touching another person and discarded in a manner preventing contact with them thereafter. (It is recommended, though not required, that single-use gloves coupled with proper aseptic procedures also be used for performing venipuncture.)

(c) Hands must be washed immediately after gloves are removed or if they are potentially contaminated with blood or body fluids and before touching another person.

(d) Articles contaminated with blood or body fluids must be discarded or disinfected.

(e) Injuries from needles or other sharp devices must be avoided; used needles must not be recapped, bent, or broken by hand, removed from disposable syringes, or otherwise manipulated by hand; after use, disposable syringes and needles, scalpel blades, and other sharp items must be placed in a prominently labeled, puncture-resistant container for disposal, located as closely as practicable to the use area; large-bore reusable needles must be placed in such a container for transport to the reprocessing area.

(f) If a needle-stick injury occurs, the injured person must be evaluated to determine if hepatitis prophylaxis is needed or human immunodeficiency virus is a concern.

(g) Any blood spills must be cleaned up promptly with a solution of 5.25% sodium hypochlorite (for example, regular Chlorox or Purex bleach) diluted 1:10 with water.

(h) A case must be restricted to a private room if his/ her hygiene is poor, i.e., s/he does not wash hands after touching infective material, contaminates the environment with infective material, or shares contaminated articles with other individuals who as yet have not contracted the disease in question; such a person may share a room with anyone else infected with the same organism.

(i) Masks and protective eyewear or face shields must be worn during procedures that are likely to generate droplets of



blood or other body fluids.

(j) In areas where resuscitation is likely to be practiced (e.g. emergency rooms), mouthpieces, resuscitation bags, or other ventilation devices must be available.

(k) No one who has an exudative lesion or weeping dermatitis in an area likely to be touched may directly care for a patient or handle patient-care equipment.

(2) "Carrier" means a person or animal who harbors a specific infectious agent without discernible illness and serves as a potential source of infection. A carrier may be "incubatory" (just before onset), "convalescent" (after clinical recovery), or "healthy" (no apparent illness at any time). The carrier state may be temporary or permanent.

(3) "Case" means a person who is confirmed or suspected to have a reportable disease.

(4) "Clean" means to remove from surfaces, by scrubbing and washing, as with hot water and soap or detergent, infectious agents and organic matter on which and in which infectious agents may be able to live and remain virulent.

(5) "Communicable disease" means an illness due or suspected to be due to a specific infectious agent or its toxic products, which results from transmission of that agent or its products to a susceptible host, directly or indirectly.

(6) "Concurrent disinfection" means the use of a method which will destroy any harmful infectious agents present immediately after the discharge of infectious material from the body of an infected person, or after the soiling of articles with such infectious discharges before there is opportunity for any other contact with them.

(7) "Contact" means a person or animal that has had opportunity to acquire an infection due to its association with an infected person or animal or a contaminated environment.

(8) "Contamination" means the presence of a disease-causing agent upon a living body surface or within or upon any inanimate article or substance.

(9) "Department" means the department of public health and human services.

(10) "Drainage and secretion precautions" mean the following requirements to prevent spread of disease through contact with purulent material from an infected body site:

(a) If soiling by the infective material is likely, gowns must be worn, used only once, and laundered.

(b) Single-use gloves must be used if infective material will be touched, and discarded in a manner preventing contact with them thereafter.

(c) Anyone touching the case or potentially contaminated articles must wash his/her hands immediately afterward and before touching another person.

(d) Any article contaminated with infective material must

be discarded or disinfected in a manner which prevents contact with the material thereafter.

(11) "Enteric precautions" mean the following requirements to prevent spread of disease through feces:

(a) Gowns must be used to cover clothes if soiling is likely, worn only once, and laundered.

(b) Single-use gloves must be used if infective material will be touched, and discarded in a manner preventing contact with them thereafter.

(c) Hands must be washed after touching the case or potentially contaminated articles and before touching another person.

(d) Articles contaminated with infective material must be either thoroughly disinfected before they are removed from the infected person's room, or bagged, labeled, and burned or decontaminated.

(e) A case must be restricted to a private room if his/ her hygiene is poor, i.e., s/he does not wash hands after touching infective material, contaminates the environment with infective material, or shares contaminated articles with other individuals who as yet have not contracted the disease in question; such a person may share a room with anyone else infected with the same organism.

(12) "Epidemic" is an incidence of a disease or infection significantly exceeding the incidence normally observed in a specified population of people over a specific period of time. An "outbreak" is the same as an "epidemic".

(13) "Health care facility" is a facility defined in 50-5-101, MCA.

(14) "HIV infection" means infection with the human immunodeficiency virus.

(15) "Household contact" is a person or animal living within the household of an infected person.

(16) "Infected person" means a person who harbors an infectious agent and who has either manifest disease or inapparent infection.

(17) "Infection" means the entry and development or multiplication of an infectious agent in the body of man or animals. Infection is not synonymous with infectious disease; the result may be inapparent or manifest. The presence of living infectious agents on the exterior surface of the body or upon articles of apparel or soiled articles is not infection, but contamination of such surfaces and articles.

(18) "Infectious agent" means an organism, chiefly a microorganism, but including helminths, that is capable of producing an infection or infectious disease.

(19) "Infectious disease" means a clinically manifest disease of man or animals resulting from an infection.

(20) "Infectious person" means a person from whom another

person may acquire an infectious agent by touch or proximity.

(21) "Isolation" means separation during the period of communicability of an infected or probably infected person from other persons, in places and under conditions approved by the department or local health officer and preventing the direct or indirect conveyance of the infectious agent to persons who are susceptible to the infectious agent in question or who may convey the infection to others. Isolation may be either modified or strict, as defined below:

(a) "Modified isolation" means instruction by either the department, a local health officer, or an attending physician, directed to the infected person, any members of his/her family, and any other close contacts, in accordance with "Guidelines for Isolation Precautions in Hospitals" published by the Government Printing Office, July, 1983, setting restrictions on the movements of and contacts with the infected person and specifying whichever of the following are also appropriate:

- (i) tuberculosis isolation;
- (ii) respiratory isolation;
- (iii) enteric precautions;
- (iv) drainage and secretion precautions;
- (v) blood and body fluid precautions;

(b) "Strict isolation" includes the following measures:

(i) An infected person must be isolated behind a closed door in a separate bed in a room protected from potential vectors.

(ii) A person caring for an infected person must avoid coming into contact with any other person until every precaution required has been taken to prevent the spread of infectious material.

(iii) Each person caring for an infected person must wear a washable outer garment, mask, and gloves, and must thoroughly wash his/her hands with soap and hot water after handling an infected person or an object an infected person may have contaminated. Before leaving the room of an infected person, a person caring for an infected person must remove the washable outer garment and hang it in the infected person's room until the garment and room are disinfected.

(iv) An object which may have been contaminated by an infected person must be either thoroughly disinfected before it is removed from the infected person's room or bagged, labeled, and burned or decontaminated.

(v) Disposal of feces and urine of an infected person must be made by flushing them down a toilet attached to a municipal or other sewage system approved by the department.

(22) "Laboratorian" means any person who supervises or works in a laboratory.

(23) "Physician" means a person licensed to practice medicine in any jurisdiction in the United States or Canada.

(24) "Potential epidemic" means the presence or suspected presence of a communicable disease in a population where the number of susceptible persons and the mode of transmission of the disease may cause further spread of that disease.

(25) "Quarantine" means those measures required by a local health officer or the department to prevent transmission of disease to or by those individuals who have been or are otherwise likely to be in contact with an individual with a communicable disease.

(26) "Reportable disease" means any disease, the occurrence or suspected occurrence of which is required by ARM 16.28.202 to be reported.

(27) "Respiratory isolation" means:

(a) the patient must be in a private room;

(b) any person in close contact with the patient must wear a mask;

(c) any person caring for the patient must thoroughly wash his/her hands after touching the patient or contaminated articles and before touching another person; and

(d) articles contaminated with infective material must be discarded or bagged, labelled for decontamination, and decontaminated.

(28) "Sensitive occupation" means employment in direct care of children, the elderly, or individuals who are otherwise at a high risk for disease or where disease spread could occur due to the nature of his/her work.

(29) "Sexually transmitted disease" means human immunodeficiency virus (HIV) infection, syphilis, gonococcal infection, chancroid, lymphogranuloma venereum, granuloma inguinale, or chlamydial genital infections.

(30) "Surveillance" means scrutiny of all aspects of occurrence and spread of a disease that are pertinent to effective control.

(31) "Susceptible" means having insufficient resistance against a disease and consequently liable to contract the disease if exposed.

(32) "Tuberculosis isolation" means:

(a) the patient must be in a private room which has ventilation to the outside and away from an enclosed area;

(b) if the infective organism can be spread by cough, a mask must be worn by anyone entering the patient's room; if the organism can be spread by fluid, a gown and gloves must be worn;

(c) any person caring for the patient must wash his/her hands after touching the patient or potentially contaminated articles and before touching another person; and

(d) all potentially contaminated articles must be cleaned, disinfected, or discarded.

(33) The department hereby adopts and incorporates by

reference the "Guidelines for Isolation Precautions in Hospitals" published by the Government Printing Office July, 1983, which specifies precautions that should be taken to prevent transmission of communicable diseases. A copy of the "Guidelines" may be obtained from the National Technical Information Service, U.S. Department of Commerce, 5285 Port Royal Road, Springfield, Virginia 22161 (phone 703-487-4650). (History: Sec. 50-1-202, 50-2-116, 50-17-103, MCA; IMP, Sec. 50-1-202, 50-17-103, 50-18-101, MCA; NEW, 1980 MAR p. 1579, Eff. 6/13/80; AMD, 1987 MAR p. 2147, Eff. 11/28/87; AMD, 1995 MAR p. 1127, Eff. 6/30/95.)

16.28.102 LOCAL BOARD RULES (1) A local board of health may adopt rules for the control of communicable diseases, if such rules are as stringent as and do not conflict with the requirements of this chapter. (History: Sec. 50-1-202, 50-2-116 MCA; IMP, Sec. 50-1-202, 50-2-116 MCA; NEW, 1980 MAR p. 1579, Eff. 6/13/80.)

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## Sub-Chapter 2

## Reporting Requirements

16.28.201 REPORTERS (1) Any person, including but not limited to a physician, dentist, nurse, medical examiner, other health care practitioner, administrator of a health care facility, public or private school administrator, city health officer, or laboratorian who knows or has reason to believe that a case exists shall immediately report:

(a) the information specified in ARM 16.28.204(2) to the department alone, in the case of HIV infection;

(b) the information specified in ARM 16.28.204(1)(a)-(e) to the county, city-county, or district health officer in every case other than those listed in ARM 16.28.203(3); or

(c) if the disease in question is listed in ARM 16.28.203(3), the fact that a case has occurred to the county, city-county, or district health officer.

(2) A county, city-county, or district health officer must submit to the department, on the schedule noted in ARM 16.28.203, the information specified in ARM 16.28.204 concerning each confirmed or suspected case of which s/he is informed.

(3) A laboratorian performing a blood test which shows the presence of the antibody to the human immunodeficiency virus (HIV) must submit to the department, in addition to the report required by ARM 16.28.203(4), the report required by ARM 16.28.203(6) as well. (History: Sec. 50-1-202, 50-17-103, 50-18-105, MCA; IMP, Sec. 50-1-202, 50-2-118, 50-17-103, 50-18-102, 50-18-106, MCA; NEW, 1980 MAR p. 1579, Eff. 6/13/80; AMD, 1986 MAR p. 254, Eff. 2/28/86; AMD, 1987 MAR p. 2147, Eff. 11/28/87; AMD, 1995 MAR p. 1127, Eff. 6/30/95.)

16.28.202 REPORTABLE DISEASES (1) The following communicable diseases are reportable:

(a) Acquired immune deficiency syndrome (AIDS), as defined by the centers for disease control, or HIV infection, as indicated by the presence of the human immunodeficiency virus antibody

(b) Amebiasis

(c) Anthrax

(d) Botulism (including infant botulism)

(e) Brucellosis

(f) Campylobacter enteritis

(g) Chancroid

(h) Chlamydial genital infection

(i) Cholera

(j) Colorado tick fever

(k) Cryptosporidiosis

(l) Cytomegaloviral illness

- (m) Diarrheal disease outbreak
- (n) Diphtheria
- (o) Encephalitis
- (p) Escherichia coli 0157:H7 enteritis
- (q) Gastroenteritis epidemic
- (r) Giardiasis
- (s) Gonococcal infection
- (t) Gonococcal ophthalmia neonatorum
- (u) Granuloma inguinale
- (v) Haemophilus influenzae B invasive disease (meningitis, epiglottitis, pneumonia, and septicemia)
- (w) Hansen's disease (leprosy)
- (x) Hantavirus pulmonary syndrome
- (y) Hemolytic uremic syndrome
- (z) Hepatitis A, B, or non-A non-B
- (aa) Kawasaki disease
- (ab) Influenza
- (ac) Legionellosis
- (ad) Listeriosis
- (ae) Lyme disease
- (af) Lymphogranuloma venereum
- (ag) Malaria
- (ah) Measles (rubeola)
- (ai) Meningitis, bacterial or viral
- (aj) Mumps
- (ak) Ornithosis (psittacosis)
- (al) Pertussis (whooping cough)
- (am) Plague
- (an) Poliomyelitis, paralytic or non-paralytic
- (ao) Q-fever
- (ap) Rabies or rabies exposure (human)
- (aq) Reye's syndrome
- (ar) Rocky Mountain spotted fever
- (as) Rubella (including congenital)
- (at) Salmonellosis
- (au) Shigellosis
- (av) Streptococcus pneumoniae invasive disease, drug resistant
- (aw) Syphilis
- (ax) Tetanus
- (ay) Trichinosis
- (az) Tuberculosis
- (ba) Tularemia
- (bb) Typhoid fever
- (bc) Yellow fever
- (bd) Yersiniosis
- (be) Illness occurring in a traveler from a foreign country
- (bf) An unusual outbreak of any communicable disease in

"Control of Communicable Diseases in Man, An Official Report of the American Public Health Association", 15th Edition, 1990.

(2) The department hereby adopts and incorporates by reference "Control of Communicable Diseases in Man, An Official Report of the American Public Health Association", 15th edition, 1990, which lists and specifies control measures for communicable diseases. A copy of "Control of Communicable Diseases in Man" may be obtained from the American Public Health Association, 1015 15th Street NW, Washington, DC 20005. (History: Sec. 50-1-202, 50-17-103, 50-18-105, 50-18-106, MCA; IMP, Sec. 50-1-202, 50-2-118, 50-17-103, 50-18-102, 50-18-106, MCA; NEW, 1980 MAR p. 1579, Eff. 6/13/80; AMD, 1980 MAR p. 2870, Eff. 10/31/80; AMD, 1981 MAR p. 1289, Eff. 10/30/81; AMD, 1986 MAR p. 254, Eff. 2/28/86; AMD, 1987 MAR p. 2147, Eff. 11/28/87; AMD, 1994 MAR p. 1295, Eff. 5/13/94; AMD, 1995 MAR p. 1127, Eff. 6/30/95.)

16.28.203 REPORTS AND REPORT DEADLINES (1) A county, city-county, or district health officer or the officer's authorized representative must immediately report to the department by telephone the information cited in ARM 16.28.204(1) whenever a case of one of the following diseases is suspected or confirmed:

- (a) Anthrax
- (b) Botulism (including infant botulism)
- (c) Diphtheria
- (d) Measles (rubeola)
- (e) Plague
- (f) Rabies or rabies exposure (human)
- (g) Typhoid fever

(2) A county, city-county, or district health officer or the officer's authorized representative must mail to the department the information required by ARM 16.28.204(1) for each suspected or confirmed case of one of the following diseases, within the time limit noted for each:

(a) On the same day information about a case of one of the following diseases is received by the county, city-county, or district health officer:

- (i) Chancroid
- (ii) Cholera
- (iii) Diarrheal disease outbreak
- (iv) Escherichia coli 0157:H7 enteritis
- (v) Gastroenteritis epidemic
- (vi) Gonococcal infection
- (vii) Gonococcal ophthalmia neonatorum
- (viii) Granuloma inguinale
- (ix) Haemophilus influenzae B invasive disease (meningitis, epiglottitis, pneumonia, and septicemia)
- (x) Hantavirus pulmonary syndrome



- (xi) Hemolytic uremic syndrome
- (xii) Listeriosis
- (xiii) Lymphogranuloma venereum
- (xiv) Meningitis, bacterial or viral
- (xv) Pertussis (whooping cough)
- (xvi) Poliomyelitis, paralytic or non-paralytic
- (xvii) Rubella (including congenital)
- (xviii) Syphilis
- (xix) Tetanus
- (xx) Yellow fever
- (xxi) Illness occurring in a traveler from a foreign country
- (xxii) An unusual outbreak of any communicable disease in "Control of Communicable Diseases in Man, An Official Report of the American Public Health Association", 15th Edition, 1990.

(b) Within 7 calendar days after the date information about a case of one of the following diseases is received by the county, city-county, or district health officer:

- (i) Acquired immune deficiency syndrome (AIDS)
- (ii) Amebiasis
- (iii) Brucellosis
- (iv) Campylobacter enteritis
- (v) Chlamydial genital infection
- (vi) Cryptosporidiosis
- (vii) Cytomegaloviral illness
- (viii) Encephalitis
- (ix) Giardiasis
- (x) Hansen's disease (leprosy)
- (xi) Hepatitis, A, B, or non-A non-B
- (xii) Kawasaki disease
- (xiii) Legionellosis
- (xiv) Lyme disease
- (xv) Malaria
- (xvi) Mumps
- (xvii) Ornithosis (Psittacosis)
- (xviii) Q-fever
- (xix) Reye's syndrome
- (xx) Rocky Mountain spotted fever
- (xxi) Salmonellosis
- (xxii) Shigellosis
- (xxiii) Streptococcus pneumoniae invasive disease, drug resistant
- (xxiv) Trichinosis
- (xxv) Tuberculosis
- (xxvi) Tularemia
- (xxvii) Yersiniosis

(3) By Friday of each week during which a suspected or confirmed case of one of the diseases listed below is reported to the county, city-county, or district health officer, that

officer or the officer's authorized representative must mail to the department the total number of the cases of each such disease reported that week:

- (a) Colorado tick fever
- (b) Influenza

(4) Anyone, other than the local health officer, who reports a case of AIDS or HIV infection must submit the report by 5:00 pm Friday of the week in which the diagnosis of AIDS is made or the test showing HIV infection is performed.

(5) A laboratorian must submit to the department by the 15th day following each month a report on a form supplied by the department indicating the number of tests with negative or positive results which were done that month for tuberculosis or a sexually transmitted disease.

(6) A laboratorian in a laboratory in which a test of blood is made to determine whether the antibody to the human immunodeficiency virus (HIV) is present must submit to the department by the 15th day following the month in which the test was performed a report on a form supplied by the department indicating the number of tests with negative results for that antibody which were done during that month.

(7) The department hereby adopts and incorporates by reference "Control of Communicable Diseases in Man, An Official Report of the American Public Health Association", 15th edition, 1990, which lists and specifies control measures for communicable diseases. A copy of "Control of Communicable Diseases in Man" may be obtained from the American Public Health Association, 1015 15th Street NW, Washington, DC 20005. (History: Sec. 50-1-202, 50-17-103, 50-18-105, MCA; IMP, Sec. 50-1-202, 50-17-103, 50-18-102, 50-18-106, MCA; NEW, 1987 MAR p. 2147, Eff. 11/28/87; AMD, 1994 MAR p. 1295, Eff. 5/13/94; AMD, 1995 MAR p. 1127, Eff. 6/30/95.)

16.28.204 REPORT CONTENTS (1) A report of a case of reportable disease which is required by ARM 16.28.203(1) or (2) must include, if available:

- (a) name and age of case;
  - (b) dates of onset of disease and date disease reported to health officer;
  - (c) whether or not the case is suspected or confirmed;
  - (d) name and address of case's physician; and
  - (e) name of reporter or other person the department can contact for further information regarding the case.
- (2) A report of HIV infection must include:
- (a) the date the test identifying the antibody was performed, if it is available to the reporter;
  - (b) the name and address of the reporter; and
  - (c) the initials of the person tested or any other identifier, such as a number, assigned by the reporter which does

not reveal the name of the person tested.

(3) The information required by (1) and (2) of this rule must be supplemented by any other information in the possession of the reporter which the department requests and which is related to case management, excepting, in the case of those who are HIV-positive, the name or any other information from which the individual in question might be identified.

(4) The laboratory reports required by ARM 16.28.203(5) and (6) and the numerical report required by ARM 16.28.203(3) need contain only the information specified in those sections.

(5) The name of any case of AIDS or HIV infection and the name and address of the reporter of any such case are confidential and not open to public inspection. (History: Sec. 50-1-202, 50-17-103, 50-18-105, MCA; IMP, Sec. 50-1-202, 50-17-103, 50-18-102, 50-18-106, MCA; NEW, 1987 MAR p. 2147, Eff. 11/28/87; AMD, 1995 MAR p. 1127, Eff. 6/30/95.)

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## Sub-Chapter 3

## General Control Measures

16.28.301 SENSITIVE OCCUPATIONS (1) A local health officer or the department may restrict a person employed in direct care of children, the elderly, or individuals who are otherwise at a high risk for disease from practicing an occupation while infected by a reportable disease if, given the means of transmission of the disease in question, the nature of the person's work would tend to spread the disease.

(2) No infectious person may engage in any occupation involving the preparation, serving, or handling of food, including milk, to be consumed by others than his/her immediate family, until a local health officer determines him/her to be free of the infectious agent or unlikely to transmit the infectious agent due to the nature of his/her particular work. (History: Sec. 50-1-202, MCA; IMP, Sec. 50-1-202, MCA; NEW, 1980 MAR p. 1579, Eff. 6/13/80; AMD, 1987 MAR p. 2147, Eff. 11/28/87.)

16.28.302 FUNERALS (1) A funeral service for a person who died of a reportable disease must be conducted in accordance with instructions of a local health officer.

(2) If a person dies from a disease requiring quarantine of contacts, a funeral service for that person may be open to the public only if the casket remains closed and those contacts subject to the quarantine who attend the funeral are segregated from the rest of those attending, unless the contacts have been determined by a local health officer to be incapable of transmitting the infection or disease which caused the death.

(3) Transportation of dead human bodies must be in accord with ARM 16.29.103. (History: Sec. 50-1-202, MCA; IMP, Sec. 50-1-202, MCA; NEW, 1980 MAR p. 1579, Eff. 6/13/80; AMD, 1987 MAR p. 2147, Eff. 11/28/87.)

16.28.303 TRANSPORTATION OF COMMUNICABLE DISEASE CASES

(1) Neither an infected person with a communicable disease for which subchapter 6 of this chapter prescribes isolation nor a contact made subject to quarantine by that subchapter may travel or be transported from one location to another without the permission of the local health officers with jurisdiction over the places of departure and arrival, except if, in the case of an infected person:

(a) the infected person is to be admitted directly to a hospital for the treatment of the communicable disease, and

(b) both local health officers are satisfied that adequate precautions are taken to prevent dissemination of the disease by the infected person en route to the hospital. (His-

tory: Sec. 50-1-202, 50-2-118, MCA; IMP, Sec. 50-1-202, 50-2-118, MCA; NEW, 1980 MAR p. 1579, Eff. 6/13/80; AMD, 1987 MAR p. 2147, Eff. 11/28/87.)

16.28.304 IMPORTATION OF DISEASE (1) No person who has a reportable disease for which subchapter 6 of this chapter prescribes isolation may be brought within the boundaries of the state without prior notice to the department and approval of measures to be taken within Montana to prevent disease transmission.

(2) Whenever a person knows or has reason to believe that an infected person, whether or not infectious, has been brought within the boundaries of the state, s/he shall report the name and location of the infected person to the department, with the exception of those individuals who are HIV-positive; in the latter case, only the information described in ARM 16.28.204(2) must be provided to the department. (History: Sec. 50-1-202, MCA; IMP, Sec. 50-1-202, MCA; NEW, 1980 MAR p. 1579, Eff. 6/13/80; AMD, 1987 MAR p. 2147, Eff. 11/28/87.)

16.28.305 CONFIRMATION OF DISEASE (1)(a) Subject to the limitation in (b) below, if a local health officer receives information about a case of any of the following diseases, the officer or the officer's authorized representative must ensure that a specimen from the case is submitted to the department, which specimen will be analyzed to confirm the existence or absence of the disease in question:

- (i) Anthrax
- (ii) Botulism (foodborne)
- (iii) Brucellosis
- (iv) Cholera
- (v) Diarrheal disease epidemic
- (vi) Diphtheria
- (vii) Hantavirus pulmonary syndrome
- (viii) Human immunodeficiency virus (HIV)
- (ix) Influenza
- (x) Measles (rubeola)
- (xi) Pertussis (whooping cough)
- (xii) Plague
- (xiii) Polio, paralytic or non-paralytic
- (xiv) Rabies (human)
- (xv) Rubella (including congenital)
- (xvi) Syphilis
- (xvii) Trichinosis
- (xviii) Tuberculosis
- (xix) Typhoid fever

(b) In the event of an outbreak of diarrheal disease, influenza, or measles, analysis of specimens from each case is unnecessary after the disease organism is determined by the de-

partment.

(2) A laboratorian or any other person in possession of a specimen from a case of a disease listed in (1) above must submit it to the local health officer upon request.

(3) If no specimen from the case is otherwise available and the case refuses to allow a specimen to be taken for purposes of (1) above, the case will be assumed to be infected and must comply with whatever control measures are imposed by the department or local health officer. (History: Sec. 50-1-202, MCA, IMP, Sec. 50-1-202, MCA; NEW, 1987 MAR p. 2147, Eff. 11/28/87; AMD, 1994 MAR p. 1295, Eff. 5/13/94; AMD, 1995 MAR p. 1127, Eff. 6/30/95.)

16.28.306 INVESTIGATION OF A CASE (1) Immediately after being notified of a case or an epidemic of a reportable disease, a local health officer must:

(a) investigate and take whatever steps are necessary to prevent spread of the disease;

(b) if s/he finds that the nature of the disease and the circumstances of the case or epidemic warrant such action:

(i) examine or ensure that a physician examines any infected person in order to verify the diagnosis;

(ii) make an epidemiologic investigation to determine the source and possible spread of infection;

(iii) take appropriate steps, as outlined in the APHA publication "Control of Communicable Diseases in Man, An Official Report of the American Public Health Association", 15th edition, 1990, to prevent or control the spread of disease; and

(iv) notify contacts (for example, emergency responders)

of the case and give them the information needed to prevent contracting the disease.

(c) whenever the identified source of a reportable disease or a person infected or exposed to a reportable disease who should be quarantined or placed under surveillance is located outside of his/her jurisdiction:

(i) notify the department or the local health officer of the jurisdiction in which the source or person is located if within Montana; or

(ii) notify the department if the source or person is located outside of Montana.

(2) The department hereby adopts and incorporates by reference "Control of Communicable Diseases in Man, An Official Report of the American Public Health Association", 15th edition, 1990, which specifies control measures for communicable diseases. A copy of the report may be obtained from the American Public Health Association, 1015 15th Street NW, Washington, DC 20005. (History: Sec. 50-1-202, 50-2-118, 50-17-103, 50-18-105, MCA; IMP, Sec. 50-1-202, 50-2-118, 50-17-103, 50-17-105, 50-18-102, 50-18-107, 50-18-108, MCA; NEW, 1987 MAR p. 2147, Eff. 11/28/87; AMD, 1994 MAR p. 1295, Eff. 5/13/94.)

16.28.307 POTENTIAL EPIDEMICS (1) Whenever a disease listed in ARM 16.28.203(1) is confirmed or whenever any other communicable disease listed in "Control of Communicable Diseases in Man, An Official Report of the American Public Health Association", 15th Edition, 1990, or other communicable disease which constitutes a threat to the health of the public becomes so prevalent as to endanger an area outside of the jurisdiction where it first occurred, the local health officer of the jurisdictional area in which the disease occurs must notify the department and cooperate with the department's epidemiologist or his/her representative to control the spread of the disease in question.

(2) The department hereby adopts and incorporates by reference "Control of Communicable Diseases in Man, An Official Report of the American Public Health Association", 15th edition, 1990, which lists and specifies control measures for communicable diseases. A copy of "Control of Communicable Diseases in Man" may be obtained from the American Public Health Association, 1015 15th Street NW, Washington, DC 20005. (History: Sec. 50-1-202, MCA; IMP, Sec. 50-1-202, 50-2-118, MCA; NEW, 1987 MAR p. 2147, Eff. 11/28/87; AMD, 1994 MAR p. 1295, Eff. 5/13/94.)

16.28.308 QUARANTINE OF CONTACTS--NOTICE AND OBSERVATION

(1) If a communicable disease requires quarantine of contacts, a local health officer or the department shall institute whatever quarantine measures are necessary to prevent transmis-

sion, specifying in writing the person or animal to be quarantined, the place of quarantine, the frequency with which possible or known contacts must be medically observed to determine if physiological signs of the disease are occurring, and the duration of the quarantine.

(2) A local health officer or the department must ensure such contacts are medically observed as frequently as necessary during the quarantine period. (History: Sec. 50-1-202, 50-2-118, 50-18-105, MCA; IMP, Sec. 50-1-202, 50-2-118, 50-18-102, 50-18-107, MCA; NEW, 1987 MAR p. 2147, Eff. 11/28/87.)

16.28.309 ISOLATION OF PATIENT--NOTICE (1) When isolation of a patient is declared, the agency declaring the isolation must supply to the infected person in writing a description of the place of isolation, the length of the isolation period, and the name and title of the person declaring the isolation.

(2) A local health officer or the department may inspect the place of isolation during the period of isolation to determine compliance with the isolation. (History: Sec. 50-1-202, 50-2-118, 50-18-105, MCA; IMP, Sec. 50-1-202, 50-2-118, 50-18-102, 50-18-107, MCA; NEW, 1987 MAR p. 2147, Eff. 11/28/87.)

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## Sub-Chapter 4

## Local Health Officer

16.28.401 DISEASE REPORTING IS REPEALED (History: Sec. 50-1-202, 50-17-103, 50-18-105, MCA; IMP, Sec. 50-1-202, 50-2-118, 50-17-103, 50-18-102, 50-18-106, MCA; NEW, 1980 MAR p. 1579, Eff. 6/13/80; REP, 1987 MAR p. 2147, Eff. 11/28/87.)

16.28.402 QUARTERLY REPORT IS REPEALED (History: Sec. 50-1-202, MCA; IMP, Sec. 50-1-202, 50-2-118, MCA; NEW, 1980 MAR p. 1579, Eff. 6/13/80; REP, 1987 MAR p. 2147, Eff. 11/28/87.)

16.28.403 INVESTIGATION OF A CASE IS REPEALED (History: Sec. 50-1-202, 50-2-118, 50-17-103, 50-18-105, MCA; IMP, Sec. 50-1-202, 50-2-118, 50-17-103, 50-17-105, 50-18-102, 50-18-107, 50-18-108, MCA; NEW, 1980 MAR p. 1579, Eff. 6/13/80; REP, 1987 MAR p. 2147, Eff. 11/28/87.)

16.28.404 POTENTIAL EPIDEMICS IS REPEALED (History: Sec. 50-1-202, MCA; IMP, Sec. 50-1-202, 50-2-118, MCA; NEW, 1980 MAR p. 1579, Eff. 6/13/80; REP, 1987 MAR p. 2147, Eff. 11/28/87.)

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## Sub-Chapter 5

## Isolation, Quarantine, and Disinfection

16.28.501 STRICT ISOLATION IS REPEALED (History: Sec. 50-1-202, 50-2-118, 50-18-105, MCA; IMP, Sec. 50-1-202, 50-2-118, 50-18-102, 50-18-107, MCA; NEW, 1980 MAR p. 1579, Eff. 6/13/80; REP, 1987 MAR p. 2147, Eff. 11/28/87.)

16.28.502 MODIFIED ISOLATION IS REPEALED (History: Sec. 50-1-202, 50-2-118, 50-18-105, MCA; IMP, Sec. 50-1-202, 50-2-118, 50-18-102, 50-18-107, MCA; NEW, 1980 MAR p. 1579, Eff. 6/13/80; REP, 1987 MAR p. 2147, Eff. 11/28/87.)

16.28.503 QUARANTINE OF CONTACTS IS REPEALED (History: Sec. 50-1-202, 50-2-118, 50-18-105, MCA; IMP, Sec. 50-1-202, 50-2-118, 50-18-102, 50-18-107, MCA; NEW, 1980 MAR p. 1579, Eff. 6/13/80; REP, 1987 MAR p. 2147, Eff. 11/28/87.)

16.28.504 QUARANTINE OF PATIENT IS REPEALED (History: Sec. 50-1-202, 50-2-118, 50-18-105, MCA; IMP, Sec. 50-1-202, 50-2-118, 50-18-102, 50-18-107, MCA; NEW, 1980 MAR p. 1579, Eff. 6/13/80; REP, 1987 MAR p. 2147, Eff. 11/28/87.)

16.28.505 TERMINAL CLEANING IS REPEALED (History: Sec. 50-1-202, 50-2-118, 50-18-105, MCA; IMP, Sec. 50-1-202, 50-2-118, 50-18-102, 50-18-107, MCA; NEW, 1980 MAR p. 1579, Eff. 6/13/80; REP, 1987 MAR p. 2147, Eff. 11/28/87.)

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## Sub-Chapter 6

## Specific Control Measures

16.28.601 MINIMAL CONTROL MEASURES (1) This subchapter contains minimal control measures to prevent the spread of disease which must be employed by a local health officer, an attending physician, or any other person caring for a person with a reportable disease.

(2) If a reportable disease is not listed in this subchapter, no minimum control measures for the disease are required. (History: Sec. 50-1-202, 50-2-116, 50-2-118, MCA; IMP, Sec. 50-1-202, 50-2-116, 50-2-118, MCA; NEW, 1980 MAR p. 1579, Eff. 6/13/80; AMD, 1987 MAR p. 2147, Eff. 11/28/87.)

16.28.601A ACQUIRED IMMUNE DEFICIENCY SYNDROME

(1) Whenever acquired immune deficiency infection occurs, blood and body fluid precautions must be used for the duration of the infection. (History: Sec. 50-1-202, 50-2-118, MCA; IMP, Sec. 50-1-202, 50-2-118, MCA; NEW, 1987 MAR p. 2147, Eff. 11/28/87.)

16.28.602 AMEBIASIS (1) Whenever a case of amebiasis occurs:

(a) Enteric precautions are required.

(b) Feces must be disposed of by flushing down a toilet attached to a municipal or other sewage system approved by the department. (History: Sec. 50-1-202, 50-2-118, MCA; IMP, Sec. 50-1-202, 50-2-118, MCA; NEW, 1980 MAR p. 1579, Eff. 6/13/80; AMD, 1987 MAR p. 2147, Eff. 11/28/87.)

16.28.603 ANTHRAX (1) Whenever a case of anthrax occurs:

(a) If skin lesions exist, drainage and secretion precautions must be used until lesions are bacteriologically free of anthrax bacilli.

(b) All bodily discharges must be concurrently disinfected.

(2) Strict isolation must be imposed upon each case of inhalation anthrax. (History: Sec. 50-1-202, 50-2-118, MCA; IMP, Sec. 50-1-202, 50-2-118, MCA; NEW, 1980 MAR p. 1579, Eff. 6/13/80; AMD, 1987 MAR p. 2147, Eff. 11/28/87.)

16.28.604 BOTULISM--INFANT BOTULISM (1) Feces must be concurrently disinfected or flushed down a toilet attached to a municipal or other sewage system approved by the department.

(2) The local health officer shall make an immediate investigation of every case or suspected case of botulism in an effort to establish the diagnosis and determine the source.

(3) In the event that a commercial food product is suspected as the source, special instructions will be given by the department. The local health officer shall prevent distribution and consumption of the suspected food. (History: Sec. 50-1-202, 50-2-118, MCA; IMP, Sec. 50-1-202, 50-2-118, MCA; NEW, 1980 MAR p. 1579, Eff. 6/13/80; AMD, 1987 MAR p. 2147, Eff. 11/28/87.)

16.28.605 BRUCELLOSIS (1) Drainage and secretion precautions must be used.

(2) Concurrent disinfection of purulent discharges is necessary. (History: Sec. 50-1-202, 50-2-118, MCA; IMP, Sec. 50-1-202, 50-2-118, MCA; NEW, 1980 MAR p. 1579, Eff. 6/13/80; AMD, 1987 MAR p. 2147, Eff. 11/28/87.)

16.28.605A CAMPYLOBACTER ENTERITIS (1) Enteric precautions must be observed.

(2) The local health officer may not allow an infected person to engage in a sensitive occupation as described in ARM 16.28.301 until stool specimens are clear of the organisms causing campylobacter diarrhea. (History: Sec. 50-1-202, 50-2-118, MCA; IMP, 50-1-202, 50-2-118, MCA; NEW, 1987 MAR p. 2147, Eff. 11/28/87.)

16.28.605B CHANCROID (1) A person infected with chancroid must be directed not to engage in sexual contact until all chancroid lesions are healed. (History: Sec. 50-1-202, 50-2-118, 50-18-105, MCA; IMP, Sec. 50-1-202, 50-2-118, 50-18-102, MCA; NEW, 1987 MAR p. 2147, Eff. 11/28/87.)

16.28.605C CHICKENPOX IS REPEALED (History: Sec. 50-1-202, 50-2-118, MCA; IMP, Sec. 50-1-202, 50-2-118, MCA; NEW, 1987 MAR p. 2147, Eff. 11/28/87; REP, 1995 MAR p. 1127, Eff. 6/30/95.)

16.28.605D CHLAMYDIAL GENITAL INFECTION (1) An individual with a chlamydial genital infection must be directed to undergo appropriate antibiotic therapy and to avoid sexual contact until 24 hours have passed after completion of the treatment regimen.

(2) An individual who contracts the infection must be interviewed to determine the person's sexual contacts, and those contacts must be examined and must receive the medical treatment indicated by clinical and laboratory findings. (History: Sec. 50-1-202, 50-2-118, 50-18-105, MCA; IMP, Sec. 50-1-202, 50-2-118, 50-18-102, 50-18-107, MCA; NEW, 1987 MAR p. 2147, Eff. 11/28/87; AMD, 1995 MAR p. 1127, Eff. 6/30/95.)

16.28.606 CHOLERA (1) Enteric precautions must be employed. (History: Sec. 50-1-202, 50-2-118, MCA; IMP, Sec. 50-1-202, 50-2-118, MCA; NEW, 1980 MAR p. 1579, Eff. 6/13/80; AMD, 1987 MAR p. 2147, Eff. 11/28/87.)

16.28.606A COLORADO TICK FEVER (1) Blood and body fluid precautions must be employed.

(2) The infected person must be directed not to donate blood for four months after the date of diagnosis. (History: Sec. 50-1-202, 50-2-118, MCA; IMP, Sec. 50-1-202, 50-2-118, MCA; NEW, 1987 MAR p. 2147, Eff. 11/28/87.)

16.28.606B CONJUNCTIVITIS EPIDEMIC IS REPEALED (History: Sec. 50-1-202, 50-2-118, MCA; IMP, Sec. 50-1-202, 50-2-118, MCA; NEW, 1987 MAR p. 2147, Eff. 11/28/87; AMD, 1994 MAR p. 1295, Eff. 5/13/94; REP, 1995 MAR p. 1127, Eff. 6/30/95.)

16.28.606C DIARRHEAL DISEASE OUTBREAK (1) Enteric precautions must be imposed on persons employed in sensitive occupations.

(2) Enteric precautions must be imposed until laboratory tests determine the etiologic agent involved, after which control measures must be imposed which are appropriate for that agent and set out in "Control of Communicable Diseases in Man, An Official Report of the American Public Health Association", 15th Edition, 1990.

(3) The department hereby adopts and incorporates by reference "Control of Communicable Diseases in Man, An Official Report of the American Public Health Association", 15th edition, 1990, which lists and specifies control measures for communicable diseases. A copy of "Control of Communicable Diseases in Man" may be obtained from the American Public Health Association, 1015 15th Street NW, Washington, DC 20005. (History: Sec. 50-1-202, 50-2-118, MCA; IMP, Sec. 50-1-202, 50-2-118, MCA; NEW, 1987 MAR p. 2147, Eff. 11/28/87; AMD, 1994 MAR p. 1295, Eff. 5/13/94.)

16.28.606D CRYPTOSPORIDIOSIS (1) Enteric precautions must be used by a case employed in a sensitive occupation, as described in ARM 16.28.301, until 3 post-treatment stool specimens collected on 3 successive days test negative.

(2) Sources of infection must be sought, especially in the home, within the family, in food, and in water. (History: Sec. 50-1-202, MCA; IMP, Sec. 50-1-202, MCA; NEW, 1995 MAR p. 1127, Eff. 6/30/95.)

16.28.607 DIPHTHERIA (1) For a confirmed case of diphtheria, strict isolation of an infected person must be imposed until 2 cultures, taken not less than 24 hours apart and not less than 24 hours after cessation of antimicrobial therapy, from nose and throat fail to show diphtheria bacilli, except that upon clinical recovery and when appropriate antibiotics have been used as therapy, respiratory isolation may be imposed instead of strict isolation, ending 14 days after the date administration of antibiotics commenced.

(2) All household contacts must be placed under quarantine until their nose and throat cultures are negative.

(3) All carriers must be treated unless medically contraindicated.

(4) A contact in a sensitive occupation must be excluded from work until s/he is determined not to be a carrier.

(5) The local health officer must initiate surveillance for susceptible contacts and must recommend immediate immunization to any such contact found. (History: Sec. 50-1-202, 50-2-118, MCA; IMP, Sec. 50-1-202, 50-2-118, MCA; NEW, 1980 MAR p. 1579, Eff. 6/13/80; AMD, 1987 MAR p. 2147, Eff. 11/28/87.)

16.28.607A ESCHERICHIA COLI 0157:H7 ENTERITIS

(1) Enteric precautions must be observed.

(2) The local health officer may not allow an infected person to engage in a sensitive occupation as described in ARM 16.28.301 until stool specimens are culture-negative for escherichia coli 0157:H7 enteritis. (History: Sec. 50-1-202, 50-2-118, MCA; IMP, Sec. 50-1-202, 50-2-118, MCA; NEW, 1994 MAR p. 1295, Eff. 5/13/94.)

16.28.608 ENCEPHALITIS (1) The local health officer must search for undetected cases of encephalitis and, in the cases where the encephalitis is mosquito-borne, for vector mosquitoes, as well. (History: Sec. 50-1-202, 50-2-118, MCA; IMP, Sec. 50-1-202, 50-2-118, MCA; NEW, 1980 MAR p. 1579, Eff. 6/13/80; AMD, 1987 MAR p. 2147, Eff. 11/28/87.)

16.28.608A GASTROENTERITIS EPIDEMIC (1) Enteric precautions must be employed until laboratory tests indicate what organism is responsible for the infection, after which control measures must be taken which are specific for the organism in question. (History: Sec. 50-1-202, 50-2-118, MCA; IMP, Sec. 50-1-202, 50-2-118, MCA; NEW, 1987 MAR p. 2147, Eff. 11/28/87.)

16.28.609 GIARDIASIS (1) Enteric precautions must be used by a case employed in a sensitive occupation until three post-treatment stool specimens collected on 3 successive days are negative.

(2) Sources of infection must be sought, especially in

the home, within the family, in food, and in water. (History: Sec. 50-1-202, 50-2-118, MCA; IMP, Sec. 50-1-202, 50-2-118, MCA; NEW, 1980 MAR p. 1579, Eff. 6/13/80; AMD, 1987 MAR p. 2147, Eff. 11/28/87.)

16.28.609A GONOCOCCAL INFECTION (1) A person who contracts genital gonococcal infection must be directed to undergo appropriate antibiotic therapy and to avoid sexual contact until 24 hours have passed after completion of the treatment regimen.

(2) An individual who contracts the infection must be interviewed to determine the person's sexual contacts, and those contacts must be examined and must receive the medical treatment indicated by clinical and laboratory findings. (History: Sec. 50-1-202, 50-2-118, 50-18-105, MCA; IMP, Sec. 50-1-202, 50-2-118, 50-18-102, 50-18-107, MCA; NEW, 1987 MAR p. 2147, Eff. 11/28/87; AMD, 1995 MAR p. 1127, Eff. 6/30/95.)

16.28.610 GONOCOCCAL OPHTHALMIA NEONATORUM IS REPEALED (History: Sec. 50-1-202, 50-2-118 MCA; IMP, Sec. 50-1-202, 50-2-118 MCA; NEW, 1980 MAR p. 1579, Eff. 6/13/80; REP, 1987 MAR p. 2147, Eff. 11/28/87.)

16.28.610A GRANULOMA INGUINALE (1) Contact with lesions must be avoided until after the lesions are healed.

(2) Examination and epidemiological treatment of sexual contacts is recommended. (History: Sec. 50-1-202, 50-2-118, 50-18-105, MCA; IMP, Sec. 50-1-202, 50-2-118, 50-18-102, MCA; NEW, 1987 MAR p. 2147, Eff. 11/28/87.)

16.28.610B HAEMOPHILUS INFLUENZA B INVASIVE DISEASE

(1) Contacts must be identified in order to determine if chemoprophylaxis is advisable. (History: Sec. 50-1-202, 50-2-118, MCA; IMP, Sec. 50-1-202, 50-2-118, MCA; NEW, 1987 MAR p. 2147, Eff. 11/28/87.)

16.28.610C HANSEN'S DISEASE (LEPROSY) (1) For a case of Hansen's disease, modified isolation must be imposed if the infected person is infectious. The degree of isolation must be determined by the local health officer, who must be advised by a physician specially qualified to manage this disease. (History: Sec. 50-1-202, 50-2-118, MCA; IMP, Sec. 50-1-202, 50-2-118, MCA; NEW, 1987 MAR p. 2147, Eff. 11/28/87.)

16.28.610D HANTAVIRUS PULMONARY SYNDROME (1) The local health officer must conduct studies to determine the source of the infection. (History: Sec. 50-1-202, 50-2-118, MCA; IMP, Sec. 50-1-202, 50-2-118, MCA; NEW, 1994 MAR p. 1295, Eff. 5/13/94.)

16.28.610E HEMOLYTIC UREMIC SYNDROME (1) Enteric precautions must be observed.

(2) The local health officer may not allow an infected person to engage in a sensitive occupation, as described in ARM 16.28.301, until stool specimens are culture-negative for escherichia coli 0157:H7 enteritis. (History: Sec. 50-1-202, MCA; IMP, Sec. 50-1-202, MCA; NEW, 1995 MAR p. 1127, Eff. 6/30/95.)

16.28.611 HEPATITIS TYPE A (1) For a case of type A hepatitis, enteric precautions must be imposed until 5 days after the onset of jaundice.

(2) An infected person may not engage in a sensitive occupation during the infectious period. (History: Sec. 50-1-202, 50-2-118, MCA; IMP, Sec. 50-1-202, 50-2-118, MCA; NEW, 1980 MAR p. 1579, Eff. 6/13/80; AMD, 1987 MAR p. 2147, Eff. 11/28/87.)

16.28.612 HEPATITIS TYPE B (1) For a case of type B hepatitis:

(a) Blood and body fluid precautions must be imposed until it is determined that viremia no longer exists.

(b) Contacts must be identified and advised how to prevent acquisition of the disease, given the nature of their relationship to the case. (History: Sec. 50-1-202, 50-2-118, MCA; IMP, Sec. 50-1-202, 50-2-118, MCA; NEW, 1980 MAR p. 1579, Eff. 6/13/80; AMD, 1987 MAR p. 2147, Eff. 11/28/87.)

16.28.612A HEPATITIS, NON-A NON-B (1) For a case of non-A non-B hepatitis, the control standards set out in ARM 16.28.612 for hepatitis, type B, must be followed. (History: Sec. 50-1-202, 50-2-118, MCA; IMP, Sec. 50-1-202, 50-2-118, MCA; NEW, 1987 MAR p. 2147, Eff. 11/28/87.)

16.28.612B HEPATITIS, TYPE UNSPECIFIED IS REPEALED (History: Sec. 50-1-202, 50-2-118, MCA; IMP, Sec. 50-1-202, 50-2-118, MCA; NEW, 1987 MAR p. 2147, Eff. 11/28/87; REP, 1995 MAR p. 1127, Eff. 6/30/95.)

16.28.612C INFLUENZA (1) Individuals who are at high risk for disease must be isolated, to the extent possible, from acutely ill or incubatory influenza cases. (History: Sec. 50-1-202, 50-2-118, MCA; IMP, Sec. 50-1-202, 50-2-118, MCA; NEW, 1987 MAR p. 2147, Eff. 11/28/87.)

16.28.613 LASSA FEVER IS REPEALED (History: Sec. 50-1-202, 50-2-118, MCA; IMP, Sec. 50-1-202, 50-2-118, MCA; NEW, 1980 MAR p. 1579, Eff. 6/13/80; REP, 1987 MAR p. 2147, Eff. 11/28/87.)



16.28.614 LEGIONELLOSIS (1) Drainage and secretion precautions must be observed for each case of legionellosis until that person is treated and his/her discharges are found to be no longer infectious. (History: Sec. 50-1-202, 50-2-118, MCA; IMP, Sec. 50-1-202, 50-2-118, MCA; NEW, 1980 MAR p. 1579, Eff. 6/13/80; AMD, 1987 MAR p. 2147, Eff. 11/28/87.)

16.28.615 LEPROSY (HANSEN'S DISEASE) IS REPEALED (History: Sec. 50-1-202, 50-2-118, MCA; IMP, Sec. 50-1-202, 50-2-118, MCA; NEW, 1980 MAR p. 1579, Eff. 6/13/80; REP, 1987 MAR p. 2147, Eff. 11/28/87.)

16.28.616 LEPTOSPIROSIS IS REPEALED (History: Sec. 50-1-202, 50-2-118, MCA; IMP, Sec. 50-1-202, 50-2-118, MCA; NEW, 1980 MAR p. 1579, Eff. 6/13/80; REP, 1987 MAR p. 2147, Eff. 11/28/87.)

16.28.616A LISTERIOSIS EPIDEMIC (1) Surveillance of contacts must be conducted and identification of the disease source attempted. (History: Sec. 50-1-202, 50-2-118, MCA; IMP, Sec. 50-1-202, 50-2-118, MCA; NEW, 1987 MAR p. 2147, Eff. 11/28/87.)

16.28.616B LYME DISEASE (1) The local health officer must conduct studies to determine the source of the infection. (History: Sec. 50-1-202, 50-2-118, MCA; IMP, Sec. 50-1-202, 50-2-118, MCA; NEW, 1987 MAR p. 2147, Eff. 11/28/87.)

16.28.616C LYMPHOGRANULOMA VENEREUM (1) A person who contracts lymphogranuloma venereum must be instructed to avoid sexual contact until after the lesions heal.

(2) An individual who contracts the disease must be interviewed to determine who his/her contacts are, and those contacts should be examined and receive the medical treatment indicated by clinical and laboratory findings. (History: Sec. 50-1-202, 50-2-118, 50-18-105, MCA; IMP, Sec. 50-1-202, 50-2-118, 50-18-102, MCA; NEW, 1987 MAR p. 2147, Eff. 11/28/87.)

16.28.617 MALARIA (1) A case of malaria should, to the extent possible, stay within a mosquito-proof area. (History: Sec. 50-1-202, 50-2-118, MCA; IMP, Sec. 50-1-202, 50-2-118, MCA; NEW, 1980 MAR p. 1579, Eff. 6/13/80; AMD, 1987 MAR p. 2147, Eff. 11/28/87.)

16.28.618 MEASLES--RUBEOLA (1) A local health officer or the department shall impose modified isolation consisting of respiratory isolation of a measles case and quarantine of susceptible contacts whenever a suspected or confirmed case of

measles occurs. If isolation and quarantine are imposed, the local health officer shall provide the notice required by ARM 16.28.308 and 16.28.309 and make immunizations available. (History: Sec. 50-1-202, 50-2-118, MCA; IMP, Sec. 50-1-202, 50-2-118, MCA; NEW, 1980 MAR p. 1579, Eff. 6/13/80; AMD, 1987 MAR p. 2147, Eff. 11/28/87.)

16.28.619 MENINGITIS--BACTERIAL OR VIRAL (1) A case of aseptic or viral meningitis must be kept in strict isolation during febrile illness or until the existence of bacterial meningitis is ruled out.

(2) Whenever a case of meningococcal meningitis, meningococemia, or bacterial meningitis occurs:

(a) modified isolation consisting of respiratory isolation, blood and body fluid precautions, and drainage and secretion precautions must be imposed upon the case until 24 hours have passed since the initiation of antibiotic chemotherapy; and

(b) the local health officer must impose surveillance upon the case's household and other intimate contacts for a minimum of 10 days after the diagnosis of the case. (History: Sec. 50-1-202, 50-2-118, MCA; IMP, Sec. 50-1-202, 50-2-118, MCA; NEW, 1980 MAR p. 1579, Eff. 6/13/80; AMD, 1987 MAR p. 2147, Eff. 11/28/87.)

16.28.620 MENINGOCOCCAL MENINGITIS--MENINGOCOCCEMIA  
IS REPEALED (History: Sec. 50-1-202, 50-2-118, MCA; IMP, Sec. 50-1-202, 50-2-118, MCA; NEW, 1980 MAR p. 1579, Eff. 6/13/80; REP, 1987 MAR p. 2147, Eff. 11/28/87.)

16.28.621 MUMPS (1) For a case of mumps, the following measures must be imposed:

(a) drainage and secretion precautions until the fever and swelling of the salivary glands have disappeared; and

(b) respiratory isolation for 9 days after the onset of swelling. (History: Sec. 50-1-202, 50-2-118, MCA; IMP, Sec. 50-1-202, 50-2-118, MCA; NEW, 1980 MAR p. 1579, Eff. 6/13/80; AMD, 1987 MAR p. 2147, Eff. 11/28/87.)

16.28.621A OPHTHALMIA NEONATORUM (1) Whenever a case of ophthalmia neonatorum is confirmed:

(a) drainage and secretion precautions must be imposed until 24 hours after administration of an antibiotic; and

(b) concurrent disinfection of discharges is necessary.

(2) Precautions which must be followed by any birth attendant to prevent ophthalmia neonatorum are contained in ARM 16.24.215. (History: Sec. 50-1-202, 50-2-118, MCA; IMP, Sec. 50-1-202, 50-2-118, MCA; NEW, 1987 MAR p. 2147, Eff. 11/28/87.)

16.28.622 ORNITHOSIS (PSITTACOSIS) (1) Respiratory precautions must be imposed upon a case of ornithosis as long as the fever lasts.

(2) The local health officer must inquire whether a bird epidemiologically linked to a case of ornithosis was obtained from an aviary, and, if so, determine the location of the aviary and report it to the Montana state veterinarian, department of livestock. (History: Sec. 50-1-202, 50-2-118, MCA; IMP, Sec. 50-1-202, 50-2-118, MCA; NEW, 1980 MAR p. 1579, Eff. 6/13/80; AMD, 1987 MAR p. 2147, Eff. 11/28/87.)

16.28.623 PERTUSSIS (WHOOPIING COUGH) (1) Modified isolation consisting of respiratory isolation must be imposed upon a case of pertussis for 7 days after the start of antibiotic therapy, or 21 days after the date of onset of symptoms if no antibiotic therapy is given.

(2) Children exposed to pertussis who have no history of adequate immunization must be quarantined.

(3) Surveillance for susceptible contacts must be initiated and immediate immunizations recommended to identified susceptible contacts. (History: Sec. 50-1-202, 50-2-118, MCA; IMP, Sec. 50-1-202, 50-2-118, MCA; NEW, 1980 MAR p. 1579, Eff. 6/13/80; AMD, 1987 MAR p. 2147, Eff. 11/28/87.)

16.28.624 PLAGUE (1) Whenever a case of pneumonic plague exists:

(a) strict isolation must be imposed for no less than 3 days following commencement of antibiotic therapy to which the infected person responds; and

(b) those who have been in household or face-to-face contact with the case must be placed on chemoprophylaxis and kept under surveillance for 7 days, or, if they refuse chemoprophylaxis, be kept in strict isolation with careful surveillance for 7 days.

(2) Whenever a case of bubonic plague exists, drainage and secretion precautions must be imposed until antibiotic therapy has been terminated and the lesions are bacteriologically negative for plague bacilli.

(3) Concurrent disinfection of discharges and bodily fluids must be done in all plague cases.

(4) An investigation must be conducted to identify vectors and reservoirs whenever a case of bubonic plague exists. (History: Sec. 50-1-202, 50-2-118, MCA; IMP, Sec. 50-1-202, 50-2-118, MCA; NEW, 1980 MAR p. 1579, Eff. 6/13/80; AMD, 1987 MAR p. 2147, Eff. 11/28/87.)

16.28.625 POLIOMYELITIS (1) For a case of poliomyelitis, modified isolation consisting of enteric precautions must be imposed for 7 days from the onset of illness, or for the

duration of fever, if longer.

(2) Surveillance for susceptible contacts must be initiated and immunization recommended to them immediately. (History: Sec. 50-1-202, 50-2-118, MCA; IMP, Sec. 50-1-202, 50-2-118, MCA; NEW, 1980 MAR p. 1579, Eff. 6/13/80; AMD, 1987 MAR p. 2147, Eff. 11/28/87.)

16.28.625A Q-FEVER (QUERY FEVER) (1) Respiratory precautions must be used.

(2) Bodily fluid discharges must be concurrently disinfected. (History: Sec. 50-1-202, 50-2-118, MCA; IMP, Sec. 50-1-202, 50-2-118, MCA; NEW, 1987 MAR p. 2147, Eff. 11/28/87.)

16.28.626 RABIES--HUMAN (1) For a case of human rabies, strict isolation must be imposed for the duration of the illness. (History: Sec. 50-1-202, 50-2-118, MCA; IMP, Sec. 50-1-202, 50-2-118, MCA; NEW, 1980 MAR p. 1579, Eff. 6/13/80; AMD, 1987 MAR p. 2147, Eff. 11/28/87.)

16.28.626A RABIES EXPOSURE (1) The following actions must be reported to the local health officer if they are committed by an animal other than a rabbit, hare, or rodent whose species can be infected with rabies and that is not satisfactorily vaccinated against rabies as specified in ARM 32.3.1205:

(a) biting of a human being;  
(b) contamination of a mucous membrane, scratch, abrasion, or open wound of a human by the saliva or other potentially infectious material from an animal that exhibits:

(i) paralysis or partial paralysis of the limbs;  
(ii) marked excitation, muscle spasms, difficulty swallowing, apprehensiveness, delirium, or convulsions; or  
(iii) unusual aggressive or unnatural behavior toward a person, animal, or inanimate object.

(2) The local health officer shall investigate each report of possible rabies exposure and gather, at a minimum, information about the circumstances of the possible rabies exposure; nature of the exposure; name, age, and address of the exposed individual; vaccination status of the animal in question; treatment of the exposed person; and eventual outcome for both animal and person involved.

(3) As soon as possible after receiving a report of possible rabies exposure, the local health officer must inform the exposed person or the individual responsible for that person if s/he is a minor whether or not treatment is necessary to prevent rabies.

(4) Whenever the circumstances described in (1) occur, the local health officer must either isolate the animal in question for at least 10 days for observation at a pound, veterinary facility, or other adequate facility, or, if the symp-

toms described in (1)(b)(i), (ii), and (iii) above exist, order the animal killed and the head sent to the department of livestock's diagnostic laboratory at Bozeman for rabies analysis. The local health officer may also order an animal killed subsequent to isolation, and the brain analyzed.

(5) Additional rabies reporting and control requirements are contained in ARM 32.3.1201 through 32.3.1207, rules of the department of livestock.

(6) The department hereby adopts and incorporates by reference ARM 32.3.1205, which contains the standards for proper vaccination against rabies. A copy of ARM 32.3.1205 may be obtained from the Department of Livestock, Animal Health Division, Scott Hart Building, Capitol Station, Helena, Montana 59620 (phone 406-444-2043). History: Sec. 50-1-202, 50-2-118, MCA; IMP, Sec. 50-1-202, 50-2-118, MCA; NEW, 1987 MAR p. 2147, Eff. 11/28/87.)

16.28.627 RELAPSING FEVER--TICK-BORNE--LOUSE-BORNE  
IS REPEALED (History: Sec. 50-1-202, 50-2-118, MCA; IMP, Sec. 50-1-202, 50-2-118, MCA; NEW, 1980 MAR p. 1579, Eff. 6/13/80; REP, 1987 MAR p. 2147, Eff. 11/28/87.)

16.28.628 ROCKY MOUNTAIN SPOTTED FEVER (1) Ticks removed from a case must be destroyed by chemical or physical means which entirely dispose of the tick while avoiding skin contact. (History: Sec. 50-1-202, 50-2-118, MCA; IMP, Sec. 50-1-202, 50-2-118, MCA; NEW, 1980 MAR p. 1579, Eff. 6/13/80; AMD, 1987 MAR p. 2147, Eff. 11/28/87.)

16.28.628A RUBELLA (1) Whenever necessary to protect a susceptible pregnant woman or to control an epidemic, isolation must be imposed on a case of rubella for 4 days after the onset of rash. (History: Sec. 50-1-202, 50-2-118, MCA; IMP, Sec. 50-1-202, 50-2-118, MCA; NEW, 1987 MAR p. 2147, Eff. 11/28/87.)

16.28.629 RUBELLA--CONGENITAL (1) Modified isolation consisting of respiratory isolation must be imposed on any person with congenital rubella during the time they are hospitalized.

(2) Any susceptible contact of the person with congenital rubella must be identified, to the extent possible, and encouraged to undergo rubella immunization if not already immune. (History: Sec. 50-1-202, 50-2-118, MCA; IMP, Sec. 50-1-202, 50-2-118, MCA; NEW, 1980 MAR p. 1579, Eff. 6/13/80; AMD, 1987 MAR p. 2147, Eff. 11/28/87.)

16.28.630 SALMONELLOSIS (OTHER THAN TYPHOID FEVER)

(1) For purposes of this rule, "Salmonellosis" is any illness in which organisms of the genus *Salmonella*, with the

exception of the typhoid bacillus, have been isolated from feces, blood, urine, or pathological material from a person.

(2) Whenever a case of Salmonellosis exists:

(a) enteric precautions must be imposed upon the case for the duration of the illness;

(b) the case must not be allowed to engage in a sensitive occupation until 2 successive specimens of feces have been determined by a laboratory to be negative for Salmonella organisms, the first specimen of which is collected at least 48 hours after cessation of the therapy and the second not less than 24 hours thereafter; and

(c) stool cultures must be made for any family contacts of a case who are themselves involved in a sensitive occupation; if the culture is positive for Salmonella, the contact is subject to the requirements of (a) and (b) above. (History: Sec. 50-1-202, 50-2-118, MCA; IMP, Sec. 50-1-202, 50-2-118, MCA; NEW, 1980 MAR p. 1579, Eff. 6/13/80; AMD, 1987 MAR p. 2147, Eff. 11/28/87.)

16.28.631 SHIGELLOSIS (1) For a case of shigellosis enteric precautions must be imposed for the duration of the illness.

(2) A local health officer must not allow an infected person to engage in a sensitive occupation until 2 successive specimens of feces taken at an interval of not less than 24 hours apart, beginning no earlier than 48 hours after cessation of specific therapy, have been determined to be free of Shigella organisms. (History: Sec. 50-1-202, 50-2-118, MCA; IMP, Sec. 50-1-202, 50-2-118, MCA; NEW, 1980 MAR p. 1579, Eff. 6/13/80; AMD, 1987 MAR p. 2147, Eff. 11/28/87.)

16.28.632 SMALLPOX (INCLUDING VACCINIA) IS REPEALED (History: Sec. 50-1-202, 50-2-118, MCA; IMP, Sec. 50-1-202, 50-2-118, MCA; NEW, 1980 MAR p. 1579, Eff. 6/13/80; AMD, 1987 MAR p. 2147, Eff. 11/28/87; REP, 1995 MAR p. 1127, Eff. 6/30/95.)

16.28.632A STAPHYLOCOCCAL EPIDEMIC IS REPEALED (History: Sec. 50-1-202, 50-2-118, MCA; IMP, Sec. 50-1-202, 50-2-118, MCA; NEW, 1987 MAR p. 2147, Eff. 11/28/87; REP, 1995 MAR p. 1127, Eff. 6/30/95.)

16.28.632B STREPTOCOCCAL EPIDEMIC IS REPEALED (History: Sec. 50-1-202, 50-2-118, MCA; IMP, Sec. 50-1-202, 50-2-118, MCA; NEW, 1987 MAR p. 2147, Eff. 11/28/87; REP, 1995 MAR p. 1127, Eff. 6/30/95.)

16.28.632C SYPHILIS (1) A person with a case of infectious syphilis must be instructed to refrain from activities in which body fluids are shared (such as sexual intercourse) until 48 hours after effective treatment has been commenced and must either receive treatment or be isolated until s/he does.

(2) A person with syphilis must be interviewed to identify the following types of contacts, depending upon the disease stage in question:

(a) for primary syphilis, all sexual contacts during the 3 months prior to the onset of symptoms;

(b) for secondary syphilis, all sexual contacts during the 6 months preceding diagnosis;

(c) for early latent syphilis, those sexual contacts during the year preceding diagnosis, if the time that primary and secondary lesions appeared cannot be established;

(d) for late latent syphilis, marital partners and children of infected mothers;

(e) for congenital syphilis, all members of the immediate family of the case.

(3) All identified contacts of confirmed cases of early syphilis must be examined to determine if they have syphilis, directed to refrain from activities in which body fluids are shared, and, if they consent, immediately be given appropriate treatment. Laboratory specimens must be taken during the examination. (History: Sec. 50-1-202, 50-2-118, 50-18-105, MCA; IMP, Sec. 50-1-202, 50-2-118, 50-18-102, 50-18-107, MCA; NEW, 1987 MAR p. 2147, Eff. 11/28/87.)

16.28.632D STREPTOCOCCUS PNEUMONIAE INVASIVE DISEASE, DRUG RESISTANT (1) Whenever a case of drug resistant streptococcus pneumonia invasive disease is identified, the following measures must be imposed:

(a) contact isolation for the duration of acute illness; and

(b) concurrent disinfection of discharges from nose and throat.

(2) Surveillance for susceptible contacts must be initiated and immediate immunizations recommended to those identified as high risk for pneumococcal disease, including persons aged 2 years or older with sickle cell disease; functional or anatomic asplenia; nephrotic syndrome or chronic renal failure; immunosuppression, including HIV infection; organ transplantation or cytoreduction therapy; other chronic illnesses; and all persons aged 65 years or older.

(3) Contacts at high risk for whom immunization is not advised or not deemed effective must be evaluated for chemoprophylaxis.

(4) Epidemics or clusters of cases may warrant more liberal use of the pneumococcal vaccine or chemoprophylaxis

after consultation with the department.

(5) In the case of meningitis, compliance with ARM 16.28.619 is also required. (History: Sec. 50-1-202, MCA; IMP, Sec. 50-1-202, MCA; NEW, 1995 MAR p. 1127, Eff. 6/30/95.)

16.28.633 TETANUS IS REPEALED (History: Sec. 50-1-202, 50-2-118, MCA; IMP, Sec. 50-1-202, 50-2-118, MCA; NEW, 1980 MAR p. 1579, Eff. 6/13/80; REP, 1987 MAR p. 2147, Eff. 11/28/87.)

16.28.634 TRICHINOSIS (1) Any person, other than the case, who may have eaten the infected food must be identified and put under surveillance by the local health officer. (History: Sec. 50-1-202, 50-2-118, MCA; IMP, Sec. 50-1-202, 50-2-118, MCA; NEW, 1980 MAR p. 1579, Eff. 6/13/80; AMD, 1987 MAR p. 2147, Eff. 11/28/87.)

16.28.634A TUBERCULOSIS (1) Tuberculosis control measures are contained in subchapter 10 of this chapter. (History: Sec. 50-1-202, 50-2-118, MCA; IMP, Sec. 50-1-202, 50-2-118, MCA; NEW, 1987 MAR p. 2147, Eff. 11/28/87.)

16.28.635 TULAREMIA (1) Drainage and secretion precautions must be followed whenever open lesions exist or lacrimal sacs are draining (i.e. tears are produced). (History: Sec. 50-1-202, 50-2-118, MCA; IMP, Sec. 50-1-202, 50-2-118, MCA; NEW, 1980 MAR p. 1579, Eff. 6/13/80; AMD, 1987 MAR p. 2147, Eff. 11/28/87.)

16.28.636 TYPHOID FEVER (1) The provisions of this rule apply to all forms of typhoid fever.

(2) Enteric precautions must be imposed until specific therapy for the fever has been completed and no fewer than 3 successive specimens of feces have been found negative for typhoid organisms, the first of which is taken one month after therapy is discontinued and followed by the other 2 at no less than 1-week intervals.

(3) The local health officer may not allow an infected person to engage in a sensitive occupation until modified isolation has been terminated in accordance with (2) of this rule. (History: Sec. 50-1-202, 50-2-118, MCA; IMP, Sec. 50-1-202, 50-2-118, MCA; NEW, 1980 MAR p. 1579, Eff. 6/13/80; AMD, 1987 MAR p. 2147, Eff. 11/28/87.)

16.28.637 TYPHUS FEVER (LOUSE-BORNE) IS REPEALED (History: Sec. 50-1-202, 50-2-118, MCA; IMP, Sec. 50-1-202, 50-2-118, MCA; NEW, 1980 MAR p. 1579, Eff. 6/13/80; AMD, 1987 MAR p. 2147, Eff. 11/28/87; REP, 1995 MAR p. 1127, Eff. 6/30/95.)



16.28.638 YELLOW FEVER (1) Blood and body fluid precautions must be followed. (History: Sec. 50-1-202, 50-2-118, MCA; IMP, Sec. 50-1-202, 50-2-118, MCA; NEW, 1980 MAR p. 1579, Eff. 6/13/80; AMD, 1987 MAR p. 2147, Eff. 11/28/87.)

16.28.638A YERSINIOSIS (1) Modified isolation consisting of enteric precautions must be imposed. (History: Sec. 50-1-202, 50-2-118, MCA; IMP, Sec. 50-1-202, 50-2-118, MCA; NEW, 1987 MAR p. 2147, Eff. 11/28/87.)

16.28.638B ILLNESS IN TRAVELER FROM FOREIGN COUNTRY

(1) Isolation and quarantine must be imposed until the etiologic agent of the disease is determined, at which point control measures must be imposed which are prescribed for that etiologic agent in "Control of Communicable Diseases in Man, An Official Report of the American Public Health Association", 15th edition, 1990.

(2) The department hereby adopts and incorporates by reference "Control of Communicable Diseases in Man, An Official Report of the American Public Health Association", 15th edition, 1990, which lists and specifies control measures for communicable diseases. A copy of "Control of Communicable Diseases in Man" may be obtained from the American Public Health Association, 1015 15th Street NW, Washington, DC 20005. (History: Sec. 50-1-202, 50-2-118, MCA; IMP, Sec. 50-1-202, 50-2-118, MCA; NEW, 1987 MAR p. 2147, Eff. 11/28/87; AMD, 1994 MAR p. 1295, Eff. 5/13/94.)

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## Sub-Chapter 7

## Immunization of School Children

16.28.701 DEFINITIONS The following definitions, together with the definitions contained in 20-5-402, MCA, apply throughout this subchapter:

(1) "Adequate documentation" means that documentation required by either ARM 16.28.703 or 16.28.704, depending upon the date when school attendance commenced or is to commence.

(2) "Commencing attendance for the first time" means the first occasion a student attends any Montana school, and does not include transfers from one Montana school to another.

(3) "Department" means the department of health and environmental sciences.

(4) "DT vaccine" means a vaccine containing a combination of diphtheria and tetanus toxoids for pediatric use.

(5) "DTP vaccine" means a vaccine containing diphtheria and tetanus toxoids and pertussis (whooping cough) vaccine combined, including a vaccine referred to as DTaP.

(6) "Hib vaccine" means a vaccine immunizing against infection by Haemophilus influenza type B disease.

(7) "Laboratory confirmation of measles disease" means a copy of a laboratory test result from the department's public health laboratory which documents that a person has had measles and does not include either the results of immunity testing or a physician's diagnosis that the person has had measles.

(8) "MMR vaccine" means a vaccine containing a combination of measles, mumps, and rubella vaccine.

(9) "Official parent-maintained immunization record" means a standard document distributed by the department or by another state's principal health agency to record the immunization status of a child and designed to be retained and maintained by the parents of that child.

(10) "Physician" is a person licensed to practice medicine in any jurisdiction in the United States or Canada.

(11) "Polio vaccine" means a trivalent polio vaccine, known by the abbreviations OPV, EIPV, or IPV.

(12) "Pupil" means:

(a) in a school other than a post-secondary school, a person who receives instruction in classes at the school, including a foreign exchange student, regardless of the length of attendance or whether credit is received;

(b) in a post-secondary school, a person attending classes on the school's campus who has either matriculated into a degree program or is registered for more than one-half of the full-time credit load that is normal for that school.

(13) "Td vaccine" means a vaccine containing tetanus and diphtheria toxoids and intended for administration to adults

and to children seven years of age and older.

(14) "Transfer" means to change school attendance, at any time, from one public school district to another, between private schools, or between public and private schools, and includes a change which occurs between the end of one school year and commencement of the next.

(15) "Vaccine" means:

(a) if administered in the United States, an immunizing agent approved by the Bureau of Biologics, Food and Drug Administration, U.S. Public Health Service; or

(b) if administered outside of the United States, an immunizing agent administered by a person licensed to practice medicine in the country where it is administered or by an agent of the principal public health agency of that country and properly documented as noted in ARM 16.28.704. (History: Sec. 20-5-407, MCA; IMP, Sec. 20-5-402, MCA; NEW, 1980 MAR p. 1265, Eff. 8/2/80; AMD, 1980 MAR p. 1699, Eff. 8/2/80; AMD, 1981 MAR p. 621, Eff. 7/1/81; AMD, 1983 MAR p. 852, Eff. 7/15/83; AMD, 1993 MAR p. 1214, Eff. 6/11/93.)

#### 16.28.701A GENERAL IMMUNIZATION REQUIREMENTS FOR ALL SCHOOLS

(1) Administration of a vaccine is only acceptable if it is done in accordance with the standards and schedules for vaccine use adopted by the advisory committee on immunization practices (ACIP) of the U.S. public health service or the American academy of pediatrics (AAP).

(2) Half doses of vaccine are unacceptable for purposes of meeting the school immunization requirements of these rules.

(3) Immunity testing in lieu of vaccine use may not be used to meet the requirements of these rules, except as specifically allowed in ARM 16.28.701C(1)(b)(ii) and ARM 16.28.702(c)(i) and (iii)(B).

(4) Only MMR (combined measles, mumps, and rubella) vaccine is acceptable for doses given after June 11, 1993, to meet the requirements of these rules for vaccination against either measles, mumps, or rubella. (History: Sec. 20-5-407, MCA; IMP, Sec. 20-5-403, MCA; NEW, 1993 MAR p. 1214, Eff. 6/11/93.)

#### 16.28.701B REQUIREMENTS FOR ATTENDANCE AT A PRESCHOOL

(1) Before a child may attend a Montana preschool, that school must be provided with the documentation required by (3) below that the child has been immunized as required below for his/her age group against measles, rubella, mumps, poliomyelitis, diphtheria, pertussis (whooping cough), tetanus, and Haemophilus influenza type B (Hib), unless s/he qualifies for conditional attendance in accordance with (7) below or the school has been provided with a record of an appropriate exemption from one or more of the required immunizations, in which case documentation must be provided of those immunizations for

which no exemption is on file:

Total Immunizations Required, By Age

<u>Age at Entry</u>	<u>Number Doses - Vaccine Type</u>
under 2 months old	no vaccinations required
by 3 months of age	1 dose of polio vaccine 1 dose of DTP vaccine 1 dose of Hib vaccine
by 5 months of age	2 doses of polio vaccine 2 doses of DTP vaccine 2 doses of Hib vaccine
by 7 months of age	2 doses of polio vaccine 3 doses of DTP vaccine *2 or 3 doses of Hib vaccine
by 16 months of age	2 doses of polio vaccine 3 doses of DTP vaccine 1 dose of MMR vaccine, administered no earlier than 12 months of age *1 dose of Hib vaccine given after 12 or 15 months of age
by 19 months of age	3 doses of polio vaccine 4 doses of DTP vaccine 1 dose MMR vaccine, administered no earlier than 12 months of age *1 dose of Hib vaccine given after 12 or 15 months of age

(\*) varies depending on vaccine type used.

(2) If the child is at least 12 months old but less than 60 months of age and has not received any Hib vaccine, the child must receive a dose prior to entry.

(3) Documentation of each required vaccination must include the date of birth and the month, day, and year of each vaccination.

(4) In order to continue attending a preschool, a child must continue to be immunized on the schedule described in (1) above and must be immediately excluded from attendance if s/he is not vaccinated on that schedule with all of the required vaccines, or does not have on file at the preschool a record of an appropriate exemption or a conditional enrollment form which indicates that no vaccine dose is past due [see (7) below].

(5) Hib vaccine is not required or recommended for children five years of age and older.

(6) Doses of MMR vaccine, to be acceptable under this rule, must be given no earlier than 12 months of age, and a child who received a dose prior to 12 months of age must be revaccinated before attending a preschool.

(7) A child may initially conditionally attend a preschool if:

(a) s/he has received at least one dose of each of the vaccines required for his/her age;

(b) a department-prescribed form documenting the child's conditional immunization status is on file at the preschool, attached to the department's Montana certificate of immunization (HES-101); and

(c) s/he is not past due for the next required dose (as noted on the conditional enrollment form) of the vaccine in question. (History: Sec. 20-5-407, MCA; IMP, Sec. 20-5-403, 20-5-406, MCA; NEW, 1993 MAR p. 1214, Eff. 6/11/93.)

16.28.701C REQUIREMENTS FOR UNCONDITIONAL ATTENDANCE AT A POST-SECONDARY SCHOOL

(1) Before a person may enter a Montana post-secondary school as a pupil for the first time on or after June 11, 1993, the person must provide the school with the proof of measles (rubeola) immunity required by (a) below, as well as the proof of rubella immunity required by (b) below, unless the person was born before January 1, 1957, in which case (c) applies:

(a) Any of the following documentation is acceptable proof of measles immunity:

(i) Certification by a physician of the fact that the person has had measles disease and the date of diagnosis; or

(ii) The documentation required by ARM 16.28.704 of the fact that the person was administered either one or two doses of live measles vaccine which were administered at or after 12 months of age and after the year 1967, along with the month, day, and year each dose was administered. In the case of two doses, the doses must have been administered at least one month apart.

(b) Any of the following documentation is acceptable proof of rubella immunity (a physician's diagnosis of rubella disease is not acceptable):

(i) The documentation required by ARM 16.28.704 of the fact that the person was administered one dose of live rubella vaccine, administered at or after 12 months of age and after the year 1969, along with the month, day, and year the dose was administered; or

(ii) Either a copy of a laboratory report or test results signed by a physician that indicate the person is immune to rubella, as well as the type of test conducted and the test

date.

(c)(i) A prospective pupil who was born prior to January 1, 1957, must:

(A) prove his/her age to the school by providing it with a driver's license, school transcript, birth certificate, or passport, so long as the date of birth is indicated on the document in question; and

(B) in the event of an outbreak of rubella, provide the documentation required by (b) above or be excluded from classes and other school-sponsored activities until the local health officer indicates to the school that the outbreak is over.

(ii) The school must maintain a list of students who were born prior to 1957 and provide the school only with the documentation specified in (i)(A) above; in the event of outbreak of rubella, the school must exclude those students if the conditions described in (i)(B) above apply.

(2) With the exception noted in (3) below, a person who enters a post-secondary school who has not had measles disease and has had only one dose of live measles vaccine is conditionally enrolled and must receive a second dose in accordance with the conditional enrollment requirements of ARM 16.28.706(2).

(3) The requirements of (1) above apply equally to a person who entered a Montana post-secondary school as a pupil prior to June 11, 1993, with the sole exception of the requirement of (2) for two doses of live measles vaccine; a pupil to whom this paragraph applies needs to have only one dose of live measles vaccine rather than two. (History: Sec. 20-5-407, MCA; IMP, Sec. 20-5-403, 20-5-406, MCA; NEW, 1993 MAR p. 1214, Eff. 6/11/93.)

16.28.702 REQUIREMENTS FOR UNCONDITIONAL ATTENDANCE AT A SCHOOL OFFERING ANY PORTION OF GRADES KINDERGARTEN THROUGH 12

(1) A school, other than a preschool or a post-secondary school, may not allow a pupil to attend that school without restriction unless that school receives adequate documentation that the following immunizations were performed on the schedule and with the agents noted below:

(a) Agents immunizing against diphtheria, pertussis, and tetanus must be administered as follows:

(i) A child less than seven years of age must be administered four or more doses of DTP vaccine, at least one dose of which must be given after the fourth birthday;

(ii) A person seven years old or older who has not completed the requirement in (i) above must receive additional doses of Td vaccine to reach a minimum of three doses of any combination of either DTP, DT, or Td. [note (iii) below];

(iii) Neither pertussis nor DTP (containing pertussis vaccine) vaccine is required or recommended for a person seven years of age or older.

(iv) DT vaccine administered to children less than seven years of age is acceptable for purposes of this chapter only if accompanied by a medical exemption pursuant to ARM 16.28.707 that exempts the child from pertussis vaccination.

(b) Polio vaccine must be administered to a child less than 18 years of age in three or more doses of trivalent poliomyelitis vaccine, at least one dose of which must be given after the fourth birthday. Polio vaccination is not required or recommended for persons 18 years of age and older for attendance in a Montana school.

(c) Live measles vaccine must be administered to pupils attending kindergarten through 12th grade in accordance with ARM 16.28.701A(4) and as follows:

(i) A person entering a Montana school for the first time on or after June 11, 1993, except a person described in (iii) below, must either be administered one dose of measles vaccine at or after 12 months of age or produce laboratory confirmation that s/he has had measles disease.

(ii) A person who entered a Montana school before June 11, 1993, with the exception of a person described in (iii) below, must either:

(A) have been administered one dose of measles vaccine at or after 12 months of age; or

(B) produce a physician's certification that s/he has had measles disease and the date of the measles disease diagnosis.

(iii) A person who is entering middle school or junior high; a student entering the sixth grade in a school system without a middle school or junior high; and a person who reaches age 13 must either:

(A) have been administered two doses of measles vaccine at or after 12 months of age separated by at least one month between doses;

(B) produce laboratory confirmation of measles disease; or

(C) if the person was attending a Montana school prior to June 11, 1993, have on file at the school documentation of a physician's diagnosis that s/he has had measles disease; no additional documentation of measles immunity is required in this case.

(iv) By the beginning of the 1994-1995 school year and each school year thereafter, pupils in grades and of ages exceeding those noted in (iii) above must have been administered two doses of measles vaccine at or after 12 months of age separated by at least one month between doses, unless publicly-funded MMR vaccine is not available due to supply deficiencies, in which case those pupils will be allowed to attend until publicly-funded vaccine is available to them.

(d) One dose of live rubella vaccine must be administered at or after 12 months of age.

(e) One dose of live mumps vaccine must be administered at or after 12 months of age.

(2) A school, other than a preschool or post-secondary school, may allow a pupil to attend the school without restriction if that school receives adequate documentation of the following dates for each vaccine noted:

(a) If a person attended school prior to June 11, 1993, or is transferring to a Montana school from out-of-state, the following documentation must be provided:

(i) For DTP, DT, Td, and polio vaccines, the month and year the last dose was administered;

(ii) For rubella vaccine, the month and year of administration if the date of vaccination was at least 13 months after the birthdate, or the month, day, and year of administration if vaccination took place during the twelfth month after birth;

(iii) For measles vaccine, the month and year for the first dose of vaccine if the date of vaccination was at least 13 months after the birthdate (or the month, day, and year of administration if vaccination took place during the twelfth month after birth), and the month, day and year for the second dose.

(b) If a person did not attend school prior to June 11, 1993, documentation must be provided of the month, day, and year each dose of all required vaccines was administered. (History: Sec. 20-5-407, MCA; IMP, Sec. 20-5-403, 20-5-405, 20-5-406, MCA; NEW, 1980 MAR p. 1265, Eff. 4/24/80; AMD, 1980 MAR p. 1699, Eff. 6/27/80; AMD, 1981 MAR p. 621, Eff. 7/1/81; AMD, 1983 MAR p. 852, Eff. 7/15/83; AMD, 1993 MAR p. 1214, Eff. 6/11/93.)

16.28.703 DOCUMENTATION OF IMMUNIZATION STATUS OF PERSONS COMMENCING ATTENDANCE FOR THE FIRST TIME PRIOR TO AUGUST 1, 1980, AT A SCHOOL OFFERING ANY PORTION OF GRADES KINDERGARTEN THROUGH 12 (1) If the documentation has already been provided on either the department's cumulative health record form (SDH & ES-1, Revised 2/78; due to typographical error, the form may be labeled SDH & EX-1), the department's Montana certificate of immunization form (HES 101), or an equivalent form documenting the same immunization information, that record will be acceptable, but only if the immunization criteria stated in ARM 16.28.702 are met.

(2) If the documentation has not been provided to the school on one of the forms referred to in (1) above, immunization information must be transferred onto the department's Montana certificate of immunization form (HES 101) from one or more of the types of documentation listed below, and the certificate must be signed and dated by the person performing the transfer of the immunization information:



(a) an official school medical record from any school in the United States;

(b) a record from any public health department in the United States, signed or stamped by a public health officer or nurse;

(c) a certificate signed by a physician;

(d) any parent-maintained immunization record, if information has been recorded and signed or stamped by a physician, physician's designee, local health officer, or that officer's designee;

(e) any state's official parent-maintained immunization record if the record includes the following:

(i) the child's legal name, birthdate, sex, and vaccination date (month, day, and year) by vaccine type;

(ii) for each administration of vaccine, a signature or stamp by the physician or officer of a health department who administered the vaccine, or designee of the physician or officer; and

(iii) the date the next dose of vaccine is due;

(f) the international certificates of vaccination approved by the World Health Organization;

(g) for measles (rubeola) only, a letter or statement signed by a physician indicating that the person had measles (rubeola) disease, with the date of diagnosis indicated;

(h) for situations noted in this chapter where laboratory test results are accepted, a certified copy of the laboratory test results form or a signed statement from a physician.

(3) Each time additional immunization information is provided to the school, the Montana certificate of immunization form must be signed and dated by the person entering the new information onto the form. (History: Sec. 20-5-407, MCA; IMP, Sec. 20-5-406, MCA; NEW, 1980 MAR p. 1265, Eff. 8/2/80; AMD, 1980 MAR p. 1699, Eff. 8/2/80; AMD, 1983 MAR p. 852, Eff. 7/15/83; AMD, 1993 MAR p. 1214, Eff. 6/11/93.)

16.28.704 DOCUMENTATION OF IMMUNIZATION STATUS OF PERSONS COMMENCING ATTENDANCE FOR THE FIRST TIME AFTER JULY 31, 1980

(1) With the exception of post-secondary schools, a school must keep immunization data on the department's Montana certificate of immunization form (HES 101), signed by a physician, physician's designee, local health officer, or that officer's designees, if the data is submitted to the school on that form.

(2) With the exception of post-secondary schools, if the documentation has not been provided to the school on a Montana certificate of immunization form:

(a) immunization data must be transferred onto the Montana certificate of immunization form from one or more of the other types of documentation listed in (3) below, and

(b) the Montana certificate of immunization must be signed and dated by the school official transferring the information each time additional immunization information is documented.

(3) Immunization data may only be transferred onto the Montana certificate of immunization form from one or more of the types of documentation listed below:

(a) an official school medical record from any school in the United States;

(b) the department's cumulative health record;

(c) a record from any local health department in the United States, signed by a local health officer or nurse;

(d) a certificate signed or stamped by a physician;

(e) any parent-maintained immunization record, if information has been recorded and signed or stamped by a physician, physician's designee, local health officer, or that officer's designee;

(f) any state's official parent-maintained immunization record if the record includes the following:

(i) the child's legal name, birthdate, sex, and vaccination date (month, day, and year) by vaccine type;

(ii) for each administration of vaccine, a signature or stamp by the physician or officer of a health department who administered the vaccine, or designee of the physician or officer; and

(iii) the date the next dose of vaccine is due;

(g) the international certificates of vaccination approved by the World Health Organization;

(h) for persons who entered school prior to June 11, 1993, and for measles (rubeola) only, a letter or statement signed by a physician indicating that the person had measles (rubeola) disease, with the date of diagnosis indicated.

(4) Post-secondary schools must:

(a) keep immunization data for each pupil either on the department's Montana certificate of immunization form (HES 101) or on another document that includes, at a minimum, the pupil's name, birth date, vaccination dose type administered, and the month, day, and year each dose was administered; and

(b) accept as sources of the required immunization data only those sources listed in (3) above, as well as, in the case of rubella, laboratory test results showing immunity to rubella if they are signed by a physician and indicate what type of test was conducted and the test date.

(5) No parent, guardian, or other person may fill out any immunization information or sign any immunization documentation unless they are a physician, local health officer, or person otherwise authorized to do so in (1), (2), or (3) above. (History: Sec. 20-5-407, MCA; IMP, Sec. 20-5-406, MCA; NEW, 1980 MAR p. 1265, Eff. 8/2/80; AMD, 1983 MAR p. 852, Eff. 7/15/83;

AMD, 1993 MAR p. 1214, Eff. 6/11/93.)

16.28.705 DOCUMENTATION OF IMMUNIZATION STATUS OF PERSONS COMMENCING ATTENDANCE IN SCHOOL FOR THE FIRST TIME AFTER JULY 31, 1981 IS REPEALED (History: Sec. 20-5-407, MCA; IMP, Sec. 20-5-406, MCA; NEW, 1980 MAR p. 1265, Eff. 8/2/80; AMD, 1981 MAR p. 621, Eff. 7/1/81; AMD, 1982 MAR p. 1936, Eff. 10/29/82; AMD, 1983 MAR p. 852, Eff. 7/15/83; REP, 1993 MAR p. 1214, Eff. 6/11/93.)

16.28.706 REQUIREMENTS FOR CONDITIONAL ENROLLMENT

(1) A person who does not meet school immunization entry requirements for a school other than a post-secondary school may be admitted to school under the following conditions:

(a) a physician or local health department must indicate on the department's conditional attendance form that immunization of the person has already been initiated by the person receiving, at a minimum, one dose of each of the vaccines required in ARM 16.28.702(1). If a person is exempt from any of the foregoing vaccinations, the requirements of this rule apply to the remaining immunizations for which no exemption exists.

(b) The conditional attendance form must include the date each dose of the required vaccine(s) is to be administered, the signature of the physician or health department official who established the foregoing immunization schedule, and the signature of a parent or guardian acknowledging the immunization schedule;

(c) The parent or guardian must return the form to the school before the child may attend.

(d) The conditional attendance form prescribed by the department must be used to document conditional attendance status and must be retained in the person's school record.

(e) If the person who is attending school conditionally fails to receive vaccines on the date they are due, as stated on the conditional exemption form, s/he must either qualify for and claim an exemption from the immunizations not received and documented, or be excluded immediately from school by the school administrator or by their designee.

(f) A person who is excluded from school due to failure to meet the requirements of the conditional exemption may continue school only after the school receives the required documentation that s/he has been administered the vaccine(s) which, according to the immunization schedule on the conditional form, were due. In this case, if additional immunizations are still required, the physician or health department must reestablish the schedule as stated in (1)(b) above.

(2) A person entering post-secondary school who has not had measles disease or received two doses of live measles (rubeola) vaccine under the conditions specified in ARM

16.28.701C(1)(a)(ii) may be admitted to school under the following conditions:

(a) The person must receive a second dose of live measles vaccine before the beginning of the succeeding school term and no earlier than one month after administration of the first dose of measles vaccine.

(b) The conditional enrollment form must be signed by the student, acknowledging the measles immunization schedule and deadline date for compliance.

(c) If the person who is attending school conditionally fails to complete measles immunization within the time period indicated in (2)(a) above, s/he must either qualify for and claim an exemption from measles immunization or be excluded immediately from school by the school administrator or that person's designee.

(d) A person who is excluded from school due to failure to receive the second dose of measles vaccine by the deadline specified in (2)(a) above, may continue school only after s/he has received a second dose of measles vaccine or claims an exemption from immunization. (History: Sec. 20-5-407, MCA; IMP, Sec. 20-5-402, 20-5-404, 20-5-405, 20-5-408, MCA; NEW, 1980 MAR p. 1265, Eff. 8/2/80; AMD, 1980 MAR p. 1699, Eff. 8/2/80; AMD, 1981 MAR p. 621, Eff. 7/1/81; AMD, 1981 MAR p. 1788, Eff. 12/18/81; AMD, 1983 MAR p. 852, Eff. 7/15/83; AMD, 1993 MAR p. 1214, Eff. 6/11/93.)

16.28.707 MEDICAL EXEMPTION (1) A person seeking to attend school is not required to have any immunizations which are medically contraindicated. A written and signed statement from any physician that an immunization is medically contraindicated will exempt a person from whatever immunization requirements of 20-5-403, MCA, the statement indicates necessary.

(2) The statement must include:

- (a) which specific immunization is contraindicated;
- (b) the period of time immunization is contraindicated; and
- (c) the reasons for the medical contraindication.

(3) A physician's medical exemption may be recorded on the department's Montana certificate of immunization form or a form obtained from the department for use as documentation.

(4) The physician's written statement must be maintained by the school as part of the immunization record of the person qualifying for the exemption. (History: Sec. 20-5-407, MCA, IMP, Sec. 20-5-405, 20-5-406, MCA; NEW, 1980 MAR p. 1265, Eff. 8/2/80; AMD, 1983 MAR p. 852, Eff. 7/15/83; AMD, 1993 MAR p. 1214, Eff. 6/11/93.)

16.28.708 RELIGIOUS EXEMPTION (1) A person seeking to attend school is exempt from all or part of the immunization requirements if the parent or guardian of that person, an adult responsible for that person, or the person himself if an adult or an emancipated minor, objects thereto in a signed, written statement indicating that the proposed immunization interferes with the free exercise of the religious beliefs of the person signing the statement.

(2) A claim of exemption from immunization requirements on religious grounds must be maintained on a form provided by the department and provided to the school prior to each school year by the parent or guardian of the pupil for which a religious exemption is claimed, or adult responsible for him or her, unless the pupil is 18 years of age or older or emancipated, in which case the pupil may claim his or her own exemption.

(3) The original copy of the claim of religious exemption must be kept by the school as part of the person's school record. (History: Sec. 20-5-407, MCA; IMP, Sec. 20-5-405, 20-5-406, MCA; NEW, 1980 MAR p. 1265, Eff. 8/2/80; AMD, 1980 MAR p. 1699, Eff. 8/2/80; AMD, 1983 MAR p. 852, Eff. 7/15/83; AMD, 1993 MAR p. 1214, Eff. 6/11/93.)

16.28.709 ADMINISTRATIVE EXEMPTION IS REPEALED

(History: Sec. 20-5-407, MCA; IMP, Sec. 20-5-403, 20-5-406, MCA; NEW, 1980 MAR p. 1265, Eff. 8/2/80; AMD, 1980 MAR p. 1699, Eff. 8/2/80; REP, 1981 MAR p. 622, Eff. 7/1/81.)

16.28.710 TIME LIMIT IS REPEALED (History: Sec. 20-5-407, MCA; IMP, Sec. 20-5-403, MCA; NEW, 1980 MAR p. 1265, Eff. 8/2/80; REP, 1981 MAR p. 622, Eff. 7/1/81.)

16.28.711 REPORT OF EXEMPTED PUPILS IS REPEALED

(History: Sec. 20-5-407, MCA; IMP, Sec. 20-5-408(2), MCA; NEW, 1980 MAR p. 1265, Eff. 8/2/80; AMD, 1981 MAR p. 621, Eff. 7/1/81; REP, 1982 MAR p. 1936, Eff. 10/29/82.)

16.28.712 REPORT OF IMMUNIZATION STATUS (1) A report of the immunization status of the pupils in every school must be sent each year to the department by the principal or other person in charge of a school on a form provided by the department.

(2) The report must include the immunization status of all pupils who commence attendance on or before November 15 and must be submitted by December 1 of each school year.

(3) A copy of the report must be sent concurrently from the school to the local health department, or, if there is no local health department, to the local board of health or local health officer.

(4) The school must keep a record of any change in im-

munization status of a pupil from that stated on the report. Such records must be available upon request to the department or local health authority. (History: Sec. 20-5-407, MCA; IMP, Sec. 20-5-408(2), MCA; NEW, 1980 MAR p. 1265, Eff. 8/2/80; AMD, 1981 MAR p. 621, Eff. 7/1/81; AMD, 1982 MAR p. 1936, Eff. 10/29/82; AMD, 1993 MAR p. 1214, Eff. 6/11/93.)

16.28.713 INFORMED CONSENT IS REPEALED (History: Sec. 20-5-407, MCA; IMP, Sec. 20-5-403, MCA; NEW, 1980 MAR p. 1265, Eff. 8/2/80; REP, 1994 MAR p. 3015, Eff. 11/24/94.)

16.28.714 REPORT OF NON-COMPLIANCE (1) If a person is excluded from school other than a preschool or a post-secondary school due to the failure to provide documentation of completed immunization, claim an exemption, or qualify for conditional attendance, the school must place in the U.S. mail notice of that fact to the following by the end of the third day following the exclusion, if the person excluded has not returned to school with the required documentation:

(a) the local health officer; and  
(b) the Montana immunization program, health services division, of the department (phone: 444-5580). Concurrent telephone notification of either or both of the above agencies is encouraged but not required.

(2) The notification must include the name of the excluded person; his or her address; the name of his or her parent(s), guardian or responsible adult; and the date of exclusion.

(3) Written documentation of that notification must be placed in the school file, if any, of the person excluded, or in a special file established for such documentation, if the person has no school file. Such documentation must include the information noted in (2) above, date of mailing, and name of the individual giving the notification. (History: Sec. 20-5-407, MCA; IMP, Sec. 20-5-408(2), MCA; NEW, 1981 MAR p. 620, Eff. 7/1/81; AMD, 1981 MAR p. 1788, Eff. 12/18/81; AMD, 1983 MAR p. 852, Eff. 7/15/83; AMD, 1993 MAR p. 1214, Eff. 6/11/93.)

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## Sub-Chapter 9

## Rabies Control

16.28.901 SUSPECTED RABIES -- CLOSE CONTACT IS REPEALED  
(History: Sec. 50-1-202, MCA; IMP, Sec. 50-1-202, MCA; NEW, 1980 MAR  
p. 1579, Eff. 6/13/80; REP, 1987 MAR p. 2147, Eff. 11/28/87.)

16.28.902 ISOLATION OR DISPOSITION OF ANIMALS IS REPEALED  
(History: Sec. 50-1-202, 50-2-118, MCA; IMP, Sec. 50-1-202, 50-2-118,  
MCA; NEW, 1980 MAR p. 1579, Eff. 6/13/80; REP, 1987 MAR p. 2147, Eff.  
11/28/87.)

16.28.903 ANIMAL CONTACTS IS REPEALED (History: Sec. 50-1-  
202, MCA; IMP, Sec. 50-1-202, MCA; NEW, 1980 MAR p. 1579, Eff.  
6/13/80; REP, 1987 MAR p. 2147, Eff. 11/28/87.)

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## Sub-Chapter 10

## Tuberculosis Control

16.28.1001 ISOLATION OF CASE--TESTING AND QUARANTINE OF CONTACTS

(1) Tuberculosis isolation as defined in ARM 16.28.101 must be imposed upon a case of communicable tuberculosis until the infected person is determined by the department or local health officer to be no longer communicable.

(2) The department or local health officer may require contacts of a case to be tested for tuberculosis infection.

(3) No quarantine of contacts is required unless the contact is in a communicable state. (History: Sec. 50-1-202, 50-2-118, 50-17-103, MCA; IMP, Sec. 50-1-202, 50-2-118, 50-17-102, 50-17-103, 50-17-105, MCA; NEW, 1980 MAR p. 1579, Eff. 6/13/80; AMD, 1987 MAR p. 2147, Eff. 11/28/87.)

16.28.1002 TUBERCULOSIS--COMMUNICABLE STATE (1) A person has communicable tuberculosis if one of the following conditions exist:

(a) laboratory examination of sputa, gastric washings, bronchial washings, or pulmonary tissue culture shows, in at least one sputum specimen, the presence of either acid-fast bacilli or Mycobacterium tuberculosis (M. tuberculosis).

(b) a chest X-ray shows changes characteristic of tuberculosis; or

(c) in the case of extrapulmonary tuberculosis, drainage from the extrapulmonary site is not being disposed of in accordance with drainage and secretion precautions.

(2) For purposes of this rule, a person diagnosed as having communicable tuberculosis will continue to be regarded as having communicable tuberculosis until:

(a) a culture of the specimen which was positive for M. tuberculosis or acid-fast bacilli on a smear shows, in a manner acceptable to the department, either no bacterial growth or an organism other than M. tuberculosis, if the diagnosis was based on laboratory analysis of a sputum specimen;

(b) a tuberculin skin test is negative (induration is less than 5 millimeters or absent altogether) and sputa or gastric specimens taken on 3 consecutive days are found negative for acid-fast bacilli, if the diagnosis was based on chest x-ray results;

(c) anti-tuberculosis drugs are being administered and tests of sputa or respiratory secretion specimens taken on 3 consecutive days are negative for acid-fast bacilli; or

(d) in the case of extrapulmonary tuberculosis, drainage from the extrapulmonary site is disposed of according to drainage and secretion precautions. (History: Sec. 50-1-202,



50-17-103, MCA; IMP, Sec. 50-1-202, 50-17-103, MCA; NEW, 1980 MAR p. 1579, Eff. 6/13/80; AMD, 1987 MAR p. 2147, Eff. 11/28/87.)

16.28.1003 DIAGNOSIS (1) The procedure and tests needed to diagnose whether or not an individual is infected with tuberculosis or has it in its communicable state, taking into account that person's particular history, are those contained in "Diagnostic Standards and Classification of Tuberculosis and Other Mycobacterial Diseases", a 1986 publication of the American thoracic society.

(2) Examination of body tissues or secretions by microscopy and culture by a laboratory is required to establish the diagnosis of tuberculosis. It is recommended that at least 6 sputa, gastrics, or urine be negative for M. tuberculosis to rule out active disease. The growth of a single colony of M. tuberculosis is diagnostic.

(3) A tuberculin skin test shall include:

(a) an intra-dermal injection of 0.0001 milligrams (5 tuberculin units) of purified protein derivative in 0.10 cubic centimeters (cc) of sterile diluent; and

(b) recordation of the size of the palpable induration in millimeters (mm) no less than 72 hours following injection.

(i) A significant reaction is one in which the induration is not less than 5 mm.

(ii) An insignificant or negative reaction is one in which the induration is not present or, if present, is less than 5 mm.

(4) The department hereby adopts and incorporates by reference "Diagnostic Standards and Classification of Tuberculosis and Other Mycobacterial Diseases", a 1986 publication of the American thoracic society which specifies the diagnostic methodology appropriate for tuberculosis. A copy of the above publication may be obtained from the Preventive Health Services Bureau, Department of Health and Environmental Sciences, Cogswell Building, Capitol Station, Helena, Montana 59620 (phone 406-444-4748). (History: Sec. 50-1-202, 50-17-103, 50-17-105, MCA; IMP, Sec. 50-1-202, 50-17-103, 50-17-105, MCA; NEW, 1980 MAR p. 1579, Eff. 6/13/80; AMD, 1987 MAR p. 2147, Eff. 11/28/87.)

16.28.1004 ATTAINMENT OF NONCOMMUNICABILITY IS REPEALED (History: Sec. 50-1-202, 50-17-103, 50-17-105, MCA; IMP, Sec. 50-1-202, 50-17-103, 50-17-105, MCA; NEW, 1980 MAR p. 1579, Eff. 6/13/80; REP, 1987 MAR p. 2147, Eff. 11/28/87.)

16.28.1005 EMPLOYEE OF SCHOOL--DAY CARE FACILITY CARE PROVIDER

(1) With the exceptions specified in (2) and (3) below:

(a) No public or private school, as defined in (10) below, or school cooperative may initially employ or continue to employ a person unless that person has provided the school, the cooperative, or the district to which the school belongs with:

(i) documentation of the results of a tuberculin skin test done within the year prior to initial employment, along with the name of the tester and the date and type of test administered, unless the person provides written medical documentation that s/he is a known tuberculin reactor, in which case (6) of this rule applies; and

(ii) if the test results are positive, documentation in the form of a written statement from a physician that the physician has confirmed that the person does not have communicable tuberculosis. For purposes of this subsection, a person who is rehired from one school year to the next is considered to be continuously employed, and the required documentation need not be submitted again prior to employment for any school year subsequent to the first year of employment.

(b) No person, including the owner or operator, may provide care directly to children in a day care facility as defined in 52-2-703, MCA, unless s/he has, on-site at the facility, the documentation described in (a) above.

(2) If a person is already employed by a school, school district, or cooperative, or providing direct child care in a day care facility on December 25, 1992, but has not, by that date, provided the documentation required by (1) above, s/he must provide the required documentation by January 25, 1993; if a skin test is required, it must have been performed after January 25, 1992.

(3)(a) A person who is not a known tuberculin reactor, is not known to have communicable tuberculosis, and has not had a tuberculin skin test performed as required in (1) above may be employed in a school or work in a day care facility until the date specified in (b) below if s/he provides the employer with:

(i) a signed and dated written statement by a licensed physician that no such skin test should be performed at that date for medical reasons, along with the specific medical reasons why the test is temporarily inadvisable and the date after which the test may be administered; and

(ii) a signed and dated written statement by a licensed physician that s/he has examined the person to determine whether or not symptoms of tuberculosis exist and has found no such symptoms.

(b) If, within 2 weeks after the date upon which the

physician's statement indicates the test is once again medically acceptable, the person has not provided the school, school district, cooperative, or day care facility with the documentation required by (1)(a) above, the school, district, cooperative, or day care facility must suspend that person's employment, or, in the case of a day care facility, that person's direct child care services, immediately until the documentation is submitted to it.

(4)(a) Each private school and public school district, including a district within a cooperative, must keep in its central offices documentation for each current employee of either the date, type, tester, and results of the tuberculin skin test, or the fact that (6) of this rule applies, and, if the test results are positive, the required documentation that the employee is not communicable.

(b) Each day care facility must keep on-site the documentation required in (a) above for each person providing direct child care at that facility.

(5) If the day care worker or school employee's tuberculin skin test is negative, that person need not receive further routine screening for tuberculosis unless s/he has frequent or close exposure to a person with a communicable pulmonary tuberculosis.

(6)(a) If the tuberculin skin test results are significant or if the school employee or day care worker has ever, in the past, had a positive tuberculin skin test with purified-protein derivative and has not had adequate chemoprophylaxis, s/he must be evaluated by a physician, either before or within 1 week after receiving the results of the test, in the case of a test with significant results, or 1 week after commencing employment, in the case of an untreated person with a past positive test result, to ascertain whether or not s/he has any of the following conditions:

- (i) x-rays indicative of tuberculosis infection;
- (ii) history of exposure to a case of communicable tuberculosis within the previous 2 years;
- (iii) history of a negative tuberculin skin test within the previous 2 years;
- (iv) severe or poorly controlled diabetes mellitus;
- (v) disease associated with severe immunologic deficiencies (e.g., cancer, reticuloendothelial disease, or HIV infection);
- (vi) immunosuppressive therapy (i.e., corticosteroids, ACTH, cytotoxins);
- (vii) gastrectomy;
- (viii) chronic obstructive pulmonary disease;
- (ix) renal transplantation; and/or
- (x) ileal bypass surgery for obesity.

(b) If any of the conditions listed in (6)(a) of this rule are present, the tuberculin-positive school employee or day care worker must be counseled that s/he is at relatively high risk of developing tuberculosis disease and that s/he should complete 6 months of chemoprophylaxis if s/he has not already done so, unless medically contraindicated according to the standards contained in "Treatment of Tuberculosis and Tuberculosis Infection in Adults and Children", a joint statement of the centers for disease control and the American thoracic society, adopted March, 1986.

(c) Further surveillance is not required of a tuberculin-positive school employee or day care worker with any condition listed in (6)(a) of this rule who completes 6 months of chemoprophylaxis.

(d) A tuberculin positive school employee or day care worker with any of the conditions listed in (6)(a) of this rule who does not complete 6 months of chemoprophylaxis must annually provide his or her employer with documentation from a physician that s/he is free of communicable tuberculosis, or, in the case of a day care facility worker, provide the facility with that documentation.

(e) A tuberculin-positive school employee or day care worker with none of the conditions listed in (6)(a) of this rule or with a history of close exposure to a case of communicable pulmonary tuberculosis within the previous 2 years or a history of a negative tuberculin test within the previous 2 years may be released from further routine tuberculosis surveillance following 2 negative chest x-rays one year apart. However, if such an employee or worker does not complete 6 months of chemoprophylaxis as well, s/he must be examined by a physician every 5 years after the second negative x-ray is taken to determine whether symptoms of tuberculosis exist.

(7) If a school employee or day care worker is diagnosed as having communicable tuberculosis or being infected with tuberculosis, that person may not work in a school or daycare facility unless proper medical treatment is being followed and, if communicable, until s/he is no longer communicable.

(8) If a school employee or day care worker violates any requirement of this rule, that person may not work in a school or daycare facility until s/he complies with the terms of this rule.

(9)(a) A person employed by a school district who transfers to any other school within the same district need not repeat the actions required by (1) above, and the documentation required by (4)(a) above must be maintained at the district's central offices.

(b) If a person employed by a cooperative transfers from one district within the cooperative to another, the actions

required by (1) need not be repeated, but the documentation required by (4)(a) must be transferred from the first district to the second.

(10) For purposes of this rule:

(a) the term "school" includes both a preschool, as defined in 20-5-402, MCA, and a place or institution for the teaching of individuals, the curriculum of which is comprised of the work of any combination of kindergarten through grade 12, and does not include a postsecondary school as defined in 20-5-402, MCA;

(b) the term "employ" includes contracting with either an individual or a business or other entity for the services of the entity's employees.

(11) The department hereby adopts and incorporates by reference the portion of the joint statement of the American thoracic society and the centers for disease control entitled "Treatment of Tuberculosis and Tuberculosis Infection in Adults and Children" (March, 1986) which specifies medical contraindications to chemoprophylaxis. A copy of the statement may be obtained from the Preventive Health Services Bureau, Department of Health and Environmental Sciences, Cogswell Building, Capitol Station, Helena, Montana 59620 (phone 406-444-4748). (History: Sec. 50-1-202, 50-17-103, 52-2-735, MCA; IMP, Sec. 50-1-202, 50-17-103, 52-2-735, MCA; NEW, 1980 MAR p. 1579, Eff. 6/13/80; AMD, 1981 MAR p. 1060, Eff. 9/18/81; AMD, 1987 MAR p. 2147, Eff. 11/28/87; AMD, 1992 MAR p. 2744, Eff. 12/25/92; AMD, 1994 MAR p. 2305, Eff. 8/12/94.)

16.28.1006 TREATMENT STANDARDS (1) It is the opinion of the department that medical treatment of tuberculosis, in order to meet currently acceptable medical standards, must be consistent with those standards contained in "Treatment of Tuberculosis and Tuberculosis Infection in Adults and Children", a statement adopted by the American thoracic society board of directors in March, 1986, and recommended by the centers for disease control. A copy of the ATS tuberculosis treatment standards is available from the Preventive Health Services Bureau, Department of Health and Environmental Sciences, Cogswell Building, Capitol Station, Helena, Montana 59620 (phone 406-444-4748). (History: This rule is advisory only, but may be a correct interpretation of the law, Ch. 61, Sec. 13, L. 1985, Eff. 3/14/85; Sec. 50-1-202, 50-17-103, MCA; IMP, Sec. 50-17-102, 50-17-105, 50-17-107, 50-17-108, 50-17-112, 50-17-113, MCA; NEW, 1987 MAR p. 2147, Eff. 11/28/87.)

16.28.1007 FOLLOW-UP AND REPORTING (1) The local health officer must ensure that each case of tuberculosis within his/her jurisdiction obtains the follow-up tests, treatment,

and monitoring recommended by the American thoracic society and the centers for disease control in their joint statements "Treatment of Tuberculosis and Tuberculosis Infection in Adults and Children", adopted March, 1986, and "Control of Tuberculosis", adopted March, 1983.

(2) The local health officer must submit a report to the department every 3 months documenting the course of treatment of each reported tuberculosis case within his/her jurisdiction.

(3) The department hereby adopts and incorporates by reference the portions of the joint statements of the American thoracic society and the centers for disease control entitled "Treatment of Tuberculosis and Tuberculosis Infection in Adults and Children" (March, 1986) and "Control of Tuberculosis" (March, 1983), which specify the follow-up tests, treatment, and monitoring necessary to ensure adequate recovery from tuberculosis. A copy of each statement may be obtained from the Preventive Health Services Bureau, Department of Health and Environmental Sciences, Cogswell Building, Capitol Station, Helena, Montana 59620 (phone 406-444-4748). (History: Sec. 50-1-202, 50-17-103, MCA; IMP, Sec. 50-1-202, 50-17-102, 50-17-105, MCA; NEW, 1987 MAR p. 2147, Eff. 11/28/87.)

16.28.1008 SUBMISSION OF SPECIMENS (1) Whenever a physician diagnoses a case of tuberculosis, s/he must ensure that a specimen from the case is sent to the department's microbiology laboratory.

(2) Whenever a laboratory finds a specimen tests positive for M. tuberculosis or acid-fast bacilli, the laboratory must forward the specimen to the department's microbiology laboratory for confirmation of the results and drug susceptibility testing. (History: Sec. 50-1-202, 50-17-103, MCA; IMP, Sec. 50-1-202, 50-17-102, 50-17-103, MCA; NEW, 1987 MAR p. 2147, Eff. 11/28/87.)

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## Sub-Chapter 11

## Venereal Diseases

16.28.1101 CHANCROID (SOFT CHANCER) IS REPEALED  
(History: Sec. 50-1-202, 50-18-105, MCA; IMP, Sec. 50-1-202, 50-18-102, MCA; NEW, 1980 MAR p. 1579, Eff. 6/13/80; REP, 1987 MAR p. 2147, Eff. 11/28/87.)

16.28.1102 GONOCOCCAL DISEASE IS REPEALED (History: Sec. 50-1-202, 50-18-105, MCA; IMP, Sec. 50-1-202, 50-18-102, 50-18-107, MCA; NEW, 1980 MAR p. 1579, Eff. 6/13/80; REP, 1987 MAR p. 2147, Eff. 11/28/87.)

16.28.1103 GRANULOMA INGUINALE IS REPEALED (History: Sec. 50-1-202, 50-18-105, MCA; IMP, Sec. 50-1-202, 50-18-102, MCA; NEW, 1980 MAR p. 1579, Eff. 6/13/80; REP, 1987 MAR p. 2147, Eff. 11/28/87.)

16.28.1104 LYMPHOGRANULOMA VENEREUM IS REPEALED (History: Sec. 50-1-202, 50-18-105, MCA; IMP, Sec. 50-1-202, 50-18-102, MCA; NEW, 1980 MAR p. 1579, Eff. 6/13/80; REP, 1987 MAR p. 2147, Eff. 11/28/87.)

16.28.1105 SYPHILIS IS REPEALED (History: Sec. 50-1-202, 50-18-105, MCA; IMP, Sec. 50-1-202, 50-18-102, 50-18-107, MCA; NEW, 1980 MAR p. 1579, Eff. 6/13/80; REP, 1987 MAR p. 2147, Eff. 11/28/87.)

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